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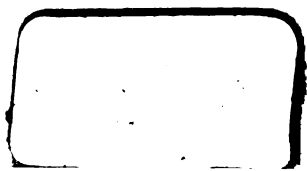
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SAMUEL L. ABBOT, M.D.

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Aug. 7, 1862—tL

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Aug. 7-23-30

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John E. Tyler, M.D., Sup't. McLean Asylum,  
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June 7-1y

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July 3-3m

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Feb. 27

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JOHN V. P. QUACKENBUSH, M.D., Prof. of Obstetrics and Diseases of Women and Children.

J. V. P. QUACKENBUSH, *Reg'.* Albany, May 8, 1861.—1f

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Feb. 13—1f

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JAS M. STICKNEY, M.D. Pepperell, Oct. 18, 1860. Jan 9, '62—1y.

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Extract Nux Vomica,	½	Emetine,	½
Veratrine,	1-24	Iodide Mercury,	½
Sulphate of Morphine,	1-8	Valerianate Morphine,	1-8
Corrosive Sublimate,	1-12	Acetate Morphine,	1-8
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**THE**  
**BOSTON MEDICAL AND SURGICAL JOURNAL.**

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**VOL. LXVII.**

**THURSDAY, AUGUST 7, 1862.**

**No. 1.**

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**NEW AND CHEAP METHOD OF VENTILATION, APPLICABLE TO  
ANY APARTMENT.**

[Communicated for the Boston Medical and Surgical Journal.]

**MESSRS. EDITORS,**—It was not my intention to write the following paper until the results of experiments now progressing should enable me to make it more definite and conclusive. Your remark that the summer is upon us, and that suggestions might induce experiments and applications by others, has made me reconsider my intention, and accede to your request. All immaturity of ideas, or expression of them, will therefore be excused, and attributed to a desire to benefit, if possible, the poor fellows who are sacrificing their lives for their country's good.

Ventilation has hitherto been chiefly considered with reference to properly supplying the requisite amount of oxygen to the air of rooms. Attention has also been drawn to the importance of moistening it, and removing the exhalations from the skin. Some writers have properly allowed an extra movement of air through a room in order to carry off these exhalations.

In all cases, some points of essential importance seem to have been overlooked, partial views only having been taken of the conditions of the air essential to its best use, either by the well or sick, under certain circumstances. While it has been thought worth while to increase the moisture of too dry air, no means seem to have been sought for drying the air when too moist, without at the same time elevating the temperature, already too high; nor have any means been sought for changing the air about us from a negative to a positive electric condition; and while the electric machine has been called in to charge a person with the electric fluid, the great electrical changes in the atmosphere, wrought by the Creator on a grand scale by the summer shower, and either the cause of, or attendant upon, the invigorated condition of all things that live, has not been attempted to be imitated on a small scale by man.

Partial views only having been taken of the necessary conditions  
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to be obtained, only partial means have been employed for gaining what has been attempted.

Whether the plenum or the vacuum method of ventilation is the better, has been much discussed. Machines for both kinds of work, and fires adapted to do both, have been invented, and work with great success, except in certain kinds of weather: to wit, when the temperature of the atmosphere is elevated, and it is also saturated with moisture, "hot, muggy, dog-day weather;" when the dew-point is high, and the air, of course, negatively electric. In such cases all means used by man have hitherto failed to produce the conditions of the air desirable for sick or well, and which have alone heretofore been wrought on a grand scale by natural ventilation. To imitate this should be the effort of man. This failure in producing the conditions most favorable to health and comfort, has doubtless been caused by failing carefully to observe what these conditions are.

First, oxygen in proper proportion in the air must be maintained. For this purpose a certain quantity of air must be passed through any occupied room.

Secondly, the exhalations from the skin and lungs must not be removed too rapidly, nor, on the other hand, be allowed to accumulate by being removed too slowly. Hence if the air is too dry it must be moistened, and *if it is too moist it must be dried*, either with or without raising its temperature, as the case may be.

Thirdly, the body and mind being always most active when the atmosphere is positively electric, this condition must, if possible, be produced.

Now, there is a unity in this trinitarian ventilation, for in cases heretofore difficult, viz., in hot, damp weather, the means adapted to gain one end will gain all three, which triple unity is one of the strongest theoretical proofs of the correctness of the ground taken. The means consist simply in *icing the air that flows into the room*, or is in it.

When the temperature of the atmosphere is nearly the same as that of the body, the vacuum effect of its heat is very little, and the vacuum effect of a fire in a vacuum chimney is lessened, and of course has no effect on the dew-point of a nearly-saturated atmosphere; hence the viscous perspiration remains on the skin, the blood is unrelieved, the brain is oppressed, and the electric conditions of the air and the body are unimproved, however great may be the quantity of such air poured through the room by any plenum machine.

Let, now, the air at the plenum openings properly located, be iced, the pressure of the cold or iced air will send the heated air up; the air flowing in over the ice will of course deposit a part of its moisture, and when again warmed and expanded by contact with persons and things in the room, will absorb the exhalations from



the skin and lungs, and becoming also positively electric, will feel like the delightful atmosphere of summer after a shower.

Are these suggestions practical? Most certainly they are, for it was the practical that suggested the experiments that led to these theoretical views, accident having induced a series of experiments and thoughts that were the basis of what has been said. In fact, the chief cause of the delight these thoughts awaken is the unity, simplicity and practicability of the ideas suggested.

I cannot, from the number of experiments yet tried, say what detailed method will be the best for gaining the desired object, and I doubt not that the ingenuity of others will excel any method I can now or shall hereafter suggest.

For a simple, convincing experiment, merely a box, large enough to hold a dozen or twenty pounds of ice, is all that is required. Let some holes be cut in one side near the bottom. It needs no cover. Let it be placed under the sash of a window, so that two or three inches of it shall be outside the window; and, if the box is not as long as the window is wide, the opening under the sash at the ends of the box should be closed. Thus the air can pour through the box and ice into the room. A vessel of sufficient size should be placed beneath the box to catch the drip. The higher up in the room the box is placed, the better. So, if the upper sash drops, the box can be placed on it. It would, of course, be still better to have the ice above the room, and the air flow over the ice through several openings into the room.

Such a box was placed under the lower sash of a window in a room containing about 600 cubic feet of air. In the box I placed eleven pounds of ice, in three lumps, at half past one, P.M. Mercury 92, north side of house; inside, 90. In one hour, it had fallen to 84; in two hours, to 76. Outside it stood at 90. At ten, it was 78 inside, ice not quite gone. Thermometer, being in the middle of the room, placed near the floor it would fall, raised to ceiling it would rise. If I remained in the room half an hour, it would rise about three degrees.

On another day, twenty pounds of ice, in eight lumps, were placed in the box at 9, A.M. At 10, the mercury stood at 78 in the room, 86 outside. It did not go above 78, whether I was in the room or not; and next morning, at 9, twenty-four hours after the ice was placed in the box, it having not yet melted, the mercury stood at 69 in the room; at 80 in an adjoining room, and had been up to 90 there in the time of the experiment.

The door of this room, opposite the window, was so far from tight that no special vacuum opening was thought necessary; there was a direct opening over it. That it and the washboard would let so much cold air flow out as they did, was objectionable. A smoke being made by burning paper in the room, none of it was observed to pass through the box out of the window, but soon the circulation of air in the room, and through the box inside the window, was very

beautifully exhibited, curling over the ice, then tumbling down in miniature cascades, sweeping along the floor, then eddying up to be again warmed and again pass down, drawn through the box by the falling iced air.

The feeling of the air thus iced had none of the dankness of a cellar, but was invigorating to the lungs and delicious to the skin, suggesting every moment that iced air is one of the *materia medica*, as well as one of the mechanical forces that shall prove a balm to many a fevered body. It was entirely suggestive of the after summer-shower atmosphere, that is so delightful to the well and so healing to the sick. What are the polar regions but one vast ice box, with bergs for lumps, through which the air circulating is cooled, depositing its moisture and thence pouring down upon us from the north-west with healing in its wings—more invigorating than any cordial, more healthfully stimulating than any dram, more cleansing than any bath, and more soothing and soporific than any opiate. With the air properly iced, all “nights will be found good for sleeping.”

With proper arrangements, the rooms of sick or well persons can be ventilated with air of any desirable temperature; and I feel certain that hospitals, either temporary or permanent, can be constructed for such purposes without any cost additional to that now made, and that the same may be true of the dwellings of the rich or poor, while the ice required for such ventilation would cost but a trifle. An ordinary house, properly arranged, could be thus ventilated with the expenditure of from fifty to one hundred pounds of ice, costing from ten to twenty-five cents.

To have the experiments most successful, the doors should be made tight with rubber, list or the like, and a proper opening in the upper part of the room should be made to let off the air. The windows should be in some way doubled, as, in this case, they let in heat, as in winter they let it out. A curtain, sheet or blanket can be fastened to the frame of the window, or “double windows” of glass or paper can be added—Hunt’s patent double windows being the best for this purpose of any which I have seen, since they go on inside, can be partly or wholly glazed with paper, can be easily taken off and put on, are neat as well as convenient, and made at half or two thirds the usual expense. The walls also should, as far as possible, be non-conducting; hence papering them will make the experiment more successful.

When the experiments now progressing shall be completed, I will inform you of the results; till when, hoping that these remarks will suggest something practical to the ingenious minds of your many readers,

I am respectfully yours,

*Peekskill, N. Y., July, 1862.*

T. S. LAMBERT.

## CASE OF INTERMITTENT FEVER OCCURRING SOME YEARS AFTER EXPOSURE.

By W. E. RICE, M.D., of SOUTH BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

MAY 11th, 1862, 9, A.M., was called to H. B., æt. 24, American, Saco, Me.; married; occupation, teamster; residence, Portland St.; uses intoxicating liquors sometimes to excess; has always enjoyed good health until the present time. While visiting some friends in Fourth St., South Boston, was attacked with rigors, cramp in the stomach and vomiting. (Vomit largely tinged with bile.) This commenced yesterday morning, and still continues. Had two dejections yesterday, also two this morning, loose. Has pain in the head, limbs and back; also complains of a burning pain in the right hypochondrium, increased by motion and full inspiration. Pressure does not much increase the pain. Pulse 120, wiry. Thick, white fur on lobes of tongue; edges and centre red. Great thirst; anorexia; respiration 68, suppressed; skin hot and dry; decubitus indifferent; slight icterus. Slept only two hours last night. No physical signs of thoracic disease. Had been sitting in his shirt sleeves, in an open yard, the afternoon before the invasion of his disease. Complained, in a general way, of having had chills, two or three times, since the first attack, but laid no stress upon it. Supposing the case to be an acute febrile affection in the stage of invasion, I ordered *R. Spiritus ætheris nitrosi, liquor ammoniæ acet., aa ʒ ss.; syr. lactucarii, ʒ i.* To have ʒ i. every three hours. Fomentations of warm water to the right hypochondrium. To have gruel and ice water, in very small quantities, frequently administered. 7, P.M., vomiting had ceased, and he had been comfortable through the day, until ten minutes since, when violent rigors commenced, with a return of pains. Rigors so severe as to shake the bed. I then learned that my patient had been one of the men in Capt. Page's Expedition to Paraguay. The Expedition was absent from this country two years and three months, and a large portion of the time the men slept in the open boats, anchored in the river or grounded upon the mud flats. They were at all times exposed to the miasmata exhaling from foul river sediment, and the decay of rank vegetation. Though intermittent fever prevailed largely amongst the natives, there was not a single case of it, or of any serious illness, amongst the officers and crew of the Expedition. My patient returned to Boston two years and eight months ago, and has been perfectly well until the present attack. He has never been to the West or out of the New England States, except to Paraguay.

Believing that I had true intermittent, of double quotidian type, to deal with, I ordered one-grain doses of quinine, to be taken every hour until four were taken, and to commence in the morning with the same dose and continue until twenty were taken.

12th, 9, A.M.—Has slept well; has had no rigors or pain; skin

quite moist; pulse 76, and a little wiry. Is much inclined to sleep; complains of frontal headache and vertigo. Tongue glazed and purple on tip and edges, with thick, white fur on lobes.

13th.—Walked to my office. Pulse 80. Tongue cleaning; appetite returning. Had one natural dejection this morning. Complains only of weakness.

I ordered thirty grains of sulphate of quinine in thirty powders, and directed him to take it for five days, in diminishing doses, to guard against relapse.

I present this case as an addition to those already recorded in this city, where patients have had ague, a long time after exposure to miasmata.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

MAY 12th.—*Biliary Calculus, consisting of almost pure Cholesteroline, with very remarkable anatomical Appearances.*—Dr. JACKSON showed the specimen, which was a very beautiful one, sent, at the request of Dr. Hitchcock, of Fitchburg, by Dr. George W. Peirce, of Leominster. It was of a nearly regular ovoid form, one inch in length, compact, slightly rough on the surface, and almost perfectly white. Having been analyzed by Dr. J. C. WHITE, it was found to consist wholly of cholesteroline, which seemed not quite perfect, as if a little more oxygen were wanting to cause it to crystallize.

The patient was a lady, 50 years of age, who had had symptoms of the passage of a gall-stone four or five years before, from which time her health, though tolerable, had been somewhat impaired, with an occasional bilious attack. She died at last, quite suddenly, from apoplexy. The anatomical appearances, as reported by Dr. H., were so very remarkable that Dr. Peirce was requested to furnish an account of them, and the following is an extract from his note:—

“The contents of the chest and abdomen were sufficiently healthy, with the exception of the gall-bladder. No unnatural appearance of the liver. No fluid in the gall-bladder, and the duct seemed impervious, though I did not make as careful an examination as I ought. The bladder contracted down close upon the calculus, the larger end of which projected through the parietes, being entirely uncovered for about one fourth the length of the calculus, so that it seemed just ready to slip out of its place into the cavity of the abdomen. There was no appearance of any inflammation of the surrounding textures, and no adhesions. The edge of the orifice looked like an absorption or abrasion; nothing like ulceration. The walls were extremely thin near the edge of the opening, being but little if anything more than the peritoneal coat.”

JUNE 9th.—*Facial Paralysis.*—Dr. COALE reported the case. The patient was a healthy, well-regulated girl, 18 years of age, who at first noticed that her face was somewhat stiff, and in twenty-four hours completely paralyzed on the left side. There was great distortion on

laughing or talking, a staring left eye, and tenderness of the whole left side of the face. The tongue was not at all affected, the disease being confined to the portio dura. No cause could be found for it, unless it were that she had defective teeth in each jaw, as much, however, on one side of the mouth as the other. The treatment consisted of leeches to the place of exit of the nerve, strychnia, &c., but with no benefit. After the lapse of three weeks, she was advised to have her carious teeth removed, and thirteen were accordingly extracted. This was followed by manifest improvement in the course of five days. Electro-galvanism was then gently employed, and the patient recovered.

Dr. Tyler said that several years ago he had under his care a lady with severe sciatica, for which all the usual remedies had been tried in vain. Finding that she had several decayed teeth, he extracted four or five of them, with benefit. The remainder were subsequently drawn, after which the patient had no more pain.

In 1853, a boy of 19 was brought to the New Hampshire Asylum in a state of mania. Dr. Tyler ascertained that he had had a tooth extracted some time previous, and that one of the fangs had broken off, and remained in the jaw. Suppuration took place, the pus discharging outwardly, and the boy was suddenly attacked with mania. The fang was removed. The fistulous opening closed, and the patient quickly recovered from his mania.

In another case of mania, the patient being a young lady, several decayed teeth were removed. The patient remained to some extent under the influence of the ether, which was given at the operation, for twenty-four hours. After that she was cured of the mania.

These facts have led Dr. Tyler to regard decayed teeth as of great importance in connection with nervous disorders.

JULY 14th.—*Ovarian Dropsy; failure to obtain Fluid by Tapping.*—Dr. STORER said he had seen, in consultation with Dr. Edward Warren, of Newton, a woman with ovarian dropsy. An attempt had been made to relieve her by tapping, but on introducing a trocar and canula no fluid was obtained. The feeling of fluctuation was perfect, and as the abdomen was greatly distended, and the patient in much distress, Dr. S. introduced a trocar; but on withdrawing it no fluid followed. He then repeated the operation, in another place, but with the same result, and he did not feel justified in going any farther.

Dr. Storer afterwards received a letter from Dr. Warren, giving the result of the case, from which the following particulars are extracted: The tumor increased to an enormous extent; the lower extremities were much swollen, there was difficulty of breathing and increased difficulty of locomotion. On consultation with Dr. Hunt, of Weston, and Dr. Livermore, of Stow, it was agreed that the contents were unquestionably fluid, and a very large trocar was thrust in, below and to the left of the former punctures. No fluid followed the withdrawal of the trocar, but a feather which was passed in through the canula about five inches, was found, on withdrawal, to be covered with a colored, gelatinous fluid, which was too thick and stringy to pass through the canula in any quantity. After this her symptoms continued to grow worse, and the patient died in about five days, rather suddenly.

On opening the abdomen, a thin sac was found, filled with innumerable little cysts of an oval shape, and resembling the shellless eggs found in poultry, varying in size from the egg of a sparrow to that of

a goose. They were full of a substance resembling calves' foot jelly, which in the smallest was clear and transparent, in the others more opaque, and in some yellowish. Most of the cysts were covered with a delicate network of minute vessels. The outer sac lay to the right side, but was connected with the left side of the uterus by a small pedicle, which was the only attachment, and it seemed surprising that so large a tumor should apparently have derived its nourishment by so small a channel. The contents of the tumor filled two large water-pails, and weighed thirty-six pounds. The failure to obtain fluid upon puncture was very easily accounted for, not only by its gelatinous nature, but by its being contained in cysts.

JULY 28th.—*Acute Peritonitis following Ovaritis.*—Dr. MINOT showed the uterus and ovaries of a patient who had died of acute peritonitis. She was an unmarried woman, 30 years old, who was employed as an assistant nurse in the Hospital. She was rather delicate, and had felt poorly for several days, but kept about her work till July 14th, when she was seized with severe pain in the abdomen, vomiting, purging, and some retention of urine. She was treated by the house pupil for cholera morbus, and the symptoms were mostly relieved by opiates and fomentations, though some pain still remained.

The next morning she was in bed, with a pulse of 110, and rather feeble; rather quick respiration, slightly coated tongue, cool skin and tranquil countenance. The vomiting and purging had ceased, but there was considerable tenderness of the abdomen. On the 16th she was nearly free from pain, and the bowels had not been moved.

On the 17th, the pulse was at 122, there was much pain and tenderness in the abdomen, especially in the two hypochondria, and some retching, but no vomiting. The catamenia appeared this day, a week in advance of their regular period, without known cause. She had had no chill.

On the 18th, she was found with the shoulders much raised, and the knees drawn up, and the nurse reported that she constantly lay in that position, though the patient affirmed that she could straighten the limbs without pain. She said she had had a comfortable night, but the pain returned with severity towards morning, and still continued. There was also much tenderness over the whole abdomen. Respiration was painful. Pulse 150, skin hot, tongue moist and nearly clean, no pallor or expression of anxiety. One moderate defecation after enema.

On the 19th she was evidently dying. The pulse could hardly be felt, and could not be counted, the extremities were cold and moist, the pain and tenderness of the abdomen were as before. The intellect was perfect, and the patient was cheerful and even jocose. There was none of the pallor and the anxious, pinched expression of the countenance which is considered as characteristic of peritonitis. She took a mug from the table by her bedside, without assistance, and drank its contents. She died at 1, P.M.

There had been no chill throughout the disease, according to her own statement; certainly there had been no rigor. The treatment consisted chiefly in the administration of opiates and the application of fomentations.

At the autopsy, which was made by Dr. ELLIS, nearly a pint of pus was found in the peritoneal cavity, mostly in and near the pelvis. The uterus was four inches in length; os patulous; walls softened; lining

membrane reddened, and in the upper part shaggy. Both ovaries were covered with thick pus, were soft and highly injected. Several old corpora lutea were seen, of considerable size, but nothing which indicated very recent menstruation. One portion of the right ovary was softened to a pulp—apparently the seat of an abscess. The Fallopian tubes, to their extremities, were much thickened, and of a dark red color. A lumbricus was found in the stomach, and another in the duodenum.

JULY 28th.—*Dr. Blackall and Dr. Bright.*—Dr. C. D. HOMANS having lately presented a portrait of Dr. Bright to the Society, Dr. JACKSON said that it seemed to be a very proper occasion to make some remarks, which he had long had in mind, in regard to Dr. Bright's predecessor. Dr. Blackall's work was not so much one on dropsy, as upon those cases of dropsy that are attended with coagulation of the urine; and his work was freely quoted to show that he was as familiar as we are at the present day with the different degrees of coagulation, with the different tests that are to be used, and with the relative value of those tests. The low specific gravity of the urine he does not seem to have been aware of. In relation to the anatomical explanation of these cases of coagulation, he says that this last "is not connected exclusively with the affection of any particular organ"; and yet he refers so frequently, and in such strong terms, to the different and sometimes very marked forms of disease of the kidneys that he observed, that we cannot but feel that he was just upon the point of making one of the most valuable medical discoveries of modern times.

Dr. B. gives nine dissections, and the following is the result: in one case "the kidneys were remarkably solid and hard, and their structure somewhat confused" (page 114, Philadelphia edition, 1825); in a second (p. 70) "the kidneys were unusually firm," with "very small hydatids"; in a third (p. 76), "the kidneys were remarkably loaded with blood"; in a fourth (p. 103), "the kidneys were remarkably small and sound, if we except two or three hydatids, of the size of a garden-pea, in the cortical part"; in a fifth (p. 212), "the kidneys were thought large, and in their cortical part of a color somewhat browner and duller than usual"; in a case of anasarca following scarlatina (p. 62), Dr. B. says "it was not uninteresting for me to ascertain the state of the internal parts, and particularly the kidneys," which "were rather soft and flaccid, and more loaded with fat than could have been supposed," &c., "but in other respects quite natural"; in a seventh case (p. 93), "the other viscera of the abdomen were sound. I speak particularly of the kidneys." In the eighth case (p. 117), the urine contained a "bloody sediment," but is not reported as coagulable; the head was examined, but no reference is made to the abdomen, and the case might perhaps be set aside, as having probably been one of tubercular meningitis. In the last case (p. 84), "the abdomen was free from any appearance of disease"; and this is the only one, excepting the eighth, in which the kidneys are not referred to. Dr. B. was looking for disease in these organs to explain the coagulation, as appears by his general remark (p. 157), "that the urinary organs are often free from any appearance of unsound structure, notwithstanding the great fault in their secretion."

In a Postscript to his truly clinical work, Dr. Blackall quotes freely from the papers of Dr. Wells on Dropsy as a sequel of scarlatina, and on dropsy not connected with this disease, but in which the urine con-

tained the serum and red matter of the blood, i. e., was coagulable; papers published in 1812, and admirable specimens of the numerical system of observation. "In three instances, an examination was permitted after death" (p. 209), and different appearances were found; but in one "there were some hydatids in the right kidney"; "in the second the kidneys were unusually thickened, and even changed ("confused," p. 157) in their structure"; and "in the third, the kidneys were larger and softer than natural, with several vesicles on their outside." And upon the same page Dr. B. makes the general remark that "the kidneys likewise have been diseased in an unusual proportion in such dissections."

Dr. J. said that he did not wish to detract in any degree from the credit of Dr. Bright as the discoverer of the disease that very properly bears his name; his facts were so numerous, so thoroughly observed and so well reported, that his claim can never be questioned. It would have been more honorable, however, Dr. J. thought, if he had given to Dr. Blackall more credit for what was evidently in his mind. In his Preface, Dr. Bright refers to the disease in question, as one, he says, "of which I must bear the responsibility alone"; and in some introductory remarks he says: "The observations which I have made respecting the condition of the urine in dropsy, are in a great degree in accordance with what has been laid down by Dr. Blackall in his most valuable treatise"; and this is the only allusion that he makes to him. Dr. Blackall deserved that general complimentary notice; but he looked to something beyond "the condition of the urine," and he should have had proper credit given to him for it; it must have been given to him by others, if not by Dr. Bright, Dr. J. supposed, but if such was the case, he was not aware of it.

JULY 28th.—*Tetanus*.—Dr. CABOT reported the case. The patient was a young man, 19 years old, whose arm had been caught between two cog-wheels. The teeth of the wheels were so small that the skin only was lacerated, leaving the muscles beneath uninjured. Small portions of the skin sloughed away. Dr. Cabot first saw the patient June 14th, about a week after the injury. On the 12th, he had some stiffness of the neck, with involuntary contraction of the injured arm; on the 13th, difficulty in opening the jaws; on the 14th, spasms, which were brought on by any movement, by a light touch from another person, or by swallowing liquids. The next day these amounted to slight opisthotonos. The parents of the lad had heard of the operation of excision of a nerve in the treatment of tetanus, and were anxious to have it done. Although Dr. Cabot had very little hope of benefit from the operation, yet in view of the desperate state of the case he consented, and removed about half an inch of the musculo-spiral nerve, at the upper and outer part of the interspace between the supinator longus and brachialis anticus. The patient, who was etherized, slept an hour after the operation, so that Dr. Cabot began to hope that it had had a favorable effect. However, a violent opisthotonos then took place, and the spasms became more violent than ever. Ether was then given on the approach of every spasm, which was constantly indicated by the smallness of the pulse. Enemata of beef-tea were also administered every two hours. The patient died at 12 in the night.

Dr. FIFIELD said that he had been told by a veterinary surgeon of large practice, that he could always cure horses of tetanus, by means



of large and repeated injections of tincture of lobelia. Mr. Colles, of Dublin, says that the only two cases he ever knew to recover were treated by injections of tobacco.

Dr. CABOT said that cases of tetanus occasionally recover, but in these the disease seems first to become chronic, and the favorable termination is more owing to the mild character of the disease, than to the remedies employed. Tetanus being a disease of exhaustion of the nervous power, he should think that a powerful depressant, like lobelia, would do more harm than good.

Dr. FLINT, of Louisville, who was present, remarked that he had lately seen a case which recovered, perhaps in consequence of the disease passing into the chronic state. The patient had received a lacerated wound, in the thigh, and the first symptom was the drawing up of the injured limb. There was never sufficient trismus to prevent mastication. The treatment consisted mainly in the inhalation of chloroform.

Dr. CABOT said that the change in the character of the pulse, before the paroxysm came on, was very remarkable. It became very rapid and small as a paroxysm approached; after the patient came under the influence of ether, it grew fuller and slower.

Dr. JEFFRIES WYMAN said he recollected a case of tetanus which recovered, some years ago. The patient was a medical student at Richmond, Va., who punctured his finger while dissecting. The case was perfectly well-marked, though not very severe. The patient was bled freely, and, Dr. W. believed, took antimony; and he stated that he had had a similar attack once before, from a wound of the finger, by a splinter.

Dr. TYLER remarked that lobelia is a very efficient remedy, administered per rectum, in hysterical convulsions, and also in the convulsions of children. Its controlling power is seen without producing vomiting or much depression. He had used the tincture, combined with spirits of turpentine and white of eggs. The powder of the leaves is of great service in pneumonia, when antimony would be too depressing; and in the congestion of the lungs, which appears in severe cases of typhoid fever; and especially in those cases exhibiting any spasmodic action.

JULY 28th.—*Employment of Ergot followed by Retention of the Placenta.*—Dr. AYER said he had lately attended two patients to whom it was necessary to administer ergot, in consequence of insufficiency of pains. In each case, though the child was born alive, the placenta was retained attached to the fundus, making it necessary to introduce the hand into the uterus in order to remove it. This manœuvre was executed with great difficulty, in consequence of the firmness of the uterine contraction at the lower part, resembling what is usually called "hour-glass contraction." He had noticed this state of things before, after the exhibition of ergot, and asked if other gentlemen had done the same.

Dr. STORER said that ergot had the credit of causing retention of the placenta, but he had never seen this effect from it, and he considered it one of the most valuable agents we have in the materia medica. He had always observed that those gentlemen who seldom used ergot were most prejudiced against it, while those who often used it were loudest in its praise. When judiciously given he had never seen any injurious effect from it. As to "hour-glass contraction," he had

been in practice nearly forty years, but he had never yet seen a case of it. Irregular contraction he had often seen, but constriction of the circular fibres, separating the fundus and cervix into two cavities, he never saw. Irregular contraction he thought was independent of the use of ergot. It is often seen when no ergot has been given.

DR. AYER did not mean to say that the uterus contracted in the way described by Dr. Storer, but that his cases were what were frequently called hour-glass contraction. He frequently used ergot, and considered it a valuable remedy.

DR. MINOT asked Dr. Storer what preparation of ergot he gave the preference to.

DR. STORER said he had found none so good as the simple infusion. made with boiling water, which should be of an amethystine color and have the characteristic odor, otherwise it is inert. He usually employed half a drachm of the drug, repeating it in half an hour, if no effect were produced. If no uterine contraction then occurred, he concluded either that the patient was not susceptible to it, or that the article used was of poor quality. He had found the powder apt to vomit the patient, and the tincture had generally failed in his hands.

DR. FIFIELD said he had found the "fluid extract of ergot," prepared with sulphuric ether, a very efficient preparation, and very convenient in country practice, where it is not always convenient to make the infusion in the night time. He thought retention of the placenta generally followed the employment of ergot, and usually made up his mind, when he gave it, that he should have to introduce his hand into the uterus, to remove the afterbirth.

DR. STORER was surprised at this statement. He had never noticed retained placenta to occur particularly in cases in which ergot had been given.

DR. MORLAND asked Dr. Storer what had been his experience as to any unfavorable influence exercised upon the child by ergot administered during parturition?

DR. STORER had never known deleterious effects to be produced by ergot, when its administration was clearly indicated.

DR. MORLAND said he had lately given ergot to a primipara, in whom the pains had been very inefficient. After 14 hours of labor, there seeming to be no reason why the child should not be born, if proper uterine efforts could be induced—the head being well advanced—a quarter of a drachm of freshly powdered ergot was given, infused in tea. The pains, although almost immediately increased, again slackened, when another quarter of a drachm was taken. This was not long retained upon the stomach, yet the pains became continuous, strong, and expulsive. In about an hour and a half, a large male child was born, *still*. It was undoubtedly living some two or two and a half hours before birth, as the mother plainly felt its movements. Dr. M. by no means attributed the death of the child to the ergot—especially since but little was taken and much of that vomited,—but he merely gave the facts. His preference in a similar case, would be to use the forceps. The placenta in this instance was retained; and Dr. M. was obliged, after waiting a reasonable time, to introduce his hand into the uterus and remove it. There was no irregular contraction of the womb, as mentioned by Dr. Ayer in his cases.

DR. STORER inquired whether there was much lividity of the child's face?

DR. MORLAND replied that the lips only were livid. The head was large, the cord was wound once around the child's neck, but not tightly drawn.

## Army Medical Intelligence.

*To the Surgeon-General.*

MEDWAY, JULY 26, 1862.

DEAR SIR,—I reached home the 13th inst., after a short but active campaign of six or seven weeks, with the Army of the Potomac. Although sent by you upon an independent footing, I thought best to contract and put myself under the army regulations, securing thus a recognized official position, with specific duties and mutual obligations. I have had no cause to regret, but abundant reason to be satisfied with my decision.

With seven other Massachusetts surgeons, I was detailed to the White House Hospital, where, for four weeks, I had an opportunity of observing the diseases of the Army. It was a Field Hospital, consisting, when fully extended, of 170 hospital (wall) tents. The number of patients varied from 1200 to 1600. Diarrhoea was nearly universal, whatever else might be the matter. Rheumatism, or, to coin a word, rheumatoid affections, were the next most common complaint; next typhoid and intermittent fever, comparatively few cases of the latter assuming the regular forms of the disease. We found a great many patients who had suffered from over-dosing with quinine administered in whiskey. We gave it, when necessary, in much smaller quantities, with benefit to the patient and saving to the government. I believe a vast amount of sulphate of quinine is worse than wasted by army surgeons. A common, and very acceptable form for its administration in the hospital, is as follows: *R. Quiniæ sulph., ʒj.; acid. sulph. aromat., ʒij.; tinct. capsici vulg., ʒj.; alcohol. dilut. (or whiskey), ʒj.; aquæ puræ, q. s. ut fiat, fʒiv.* Dose, one drachm, at short intervals, or pro re nata. While the sulphuric acid furnished a grateful adjuvant, the tincture of cayenne proved a valuable excitant, arousing the torpid and debilitated nervous power to the appropriation of the more permanent tonic virtue of the sulphate of quinine. (*Mem.* I don't forget the absorption theory.)

At the battle of Fair Oaks, five of the surgeons from the hospital were detailed for service, where we had an unlimited opportunity for practice in army surgery. There were not surgeons and instruments enough there to meet the demand for operations, and many of the wounded were sent in the cars to the Pamunkey and to Fortress Monroe, there to suffer capital operations at a late period, which proved nearly always fatal.

About ten days before I left the hospital, I was detailed to receive the sick coming from the army in the cars, sending those *really* sick to the hospital, and the malingerers back to their regiments; not a very pleasant, but yet a very important and responsible duty.

On the 22d of June I was ordered to report to Gen. Heintzelman, at his head-quarters, Savage Station. The medical director of his division, Dr. Milhan (one of the really efficient and worthy medical officers of the army), attached me to the 2d regiment New Hampshire

volunteers, Grover's brigade, Hooker's division, to fill the post of the Assistant Surgeon, absent an account of sickness. Thursday morning, June 25th, Dr. Milhan sent me to a depot for the wounded, as the first of the series of the six days battles had begun. In these depots for the wounded, I spent the greater part of my time, night and day, until we arrived upon the banks of the James river, living during all this time, with the exception of four meals at a mess table, upon an insufficient supply of *hard* bread and a beverage called coffee, in which the principal ingredient was the sacred soil of Virginia, which latter also furnished my place of rest, when I had a chance for rest. At the battle of Nelson's Farm we worked at the depot (which was a church with the pews removed), until 1½ o'clock, A.M., July 1st, when we desisted from operations from sheer exhaustion, leaving several amputations to be performed in the morning by two surgeons, who volunteered to remain with the wounded. At 2 o'clock, A.M., we mounted our horses and joined our retreating division. This day the battle of Malvern Hills was fought, when shot and shell, from gun-boat, artillery and infantry, reigned supreme, filling the air with discordant music, and the depots with wounded men. Wednesday, July 2d, we arrived at Harrison's Landing, marching all the forenoon in a drenching rain, without any breakfast. A week of excessive labor of brain and muscle, with a *very* limited supply of food, had done its work for me and others. Being unfit for duty, I went to the Hygeia Hospital, Fortress Monroe, when, at the end of a week, being no better, but rather worse, I came home, where I am slowly recovering my health and strength.

In conclusion, I must say, that I could not have timed my connection with the army more opportunely, if I had foreseen what was to occur. An advance to Richmond, rather than a retreat, would have been far more agreeable, and less exhausting, but no more instructive and profitable in a professional point of view.

Most respectfully, your ob't serv't,

ALEX. LeB. MONROE.

## **Selections from Medical Journals.**

### **A DEEPLY-PENETRATING WOUND OF THE HEAD.**

[A Clinical Lecture delivered at the General Hospital of Toronto, Canada West, by W. B. BEAUMONT, Esq., F.R.C.S. Eng., &c. &c.]

GENTLEMEN,—If the ablest surgeon were compelled to do that which by mere chance befel the patient whose case I shall relate to you, he would certainly be greatly puzzled as to the mode of accomplishing it with an equally successful result: I mean, if he had to thrust the shaft of a rocket through the orbit of a living man, burying it five inches and a half in his head, in a direction backwards, either immediately above or below the base of the cranium, he probably would feel morally certain of killing the unfortunate subject of his operation. Such an injury, however, did happen to the person whose case I shall detail to you, and that even without the sequence of any very alarming symptoms. I need hardly say that all wounds traversing the orbit and perforating its bony walls in a direction either upwards or backwards, are necessarily fraught with the greatest danger to life. The thin

orbital plate of the frontal bone can offer but little resistance to a thrust made even with a small amount of force ; and cases are recorded of persons killed by a mere stick driven against the roof of the orbit, which has thus been perforated, and the brain wounded. If I recollect rightly (for I am going back to five-and-thirty years ago), the late Mr. Abernethy used, in his lectures, to relate the case of a child who, whilst peeping through the key-hole of a door, received a thrust in the orbit from a small stick pushed at him by a playfellow, and died from wound of the brain caused by so slight a force. The same thing has happened from the thrust of a sword or of a foil in fencing, and even from a push with a lath or an umbrella. Dr. Mackenzie, in his work "*On Injuries and Diseases of the Eye*," has collected many cases of the kind ; and he remarks that from either gun-shot or other penetrating wounds of the orbit, "we may occasionally expect hæmorrhage, extravasation of blood, blindness, strabismus, syncope, vomiting, coma, convulsions, palsy, and even death, as immediate effects ; and, as remote effects, fever, delirium, suppuration, caries, exfoliation of bone, and the like." Amongst these more remote effects, death should also be added to the list ; for cases have occurred in which, for a considerable period after the receipt of the injury, no alarming cerebral symptoms have supervened, and yet the patients have eventually died, and, in some instances, suddenly. Dr. Mackenzie quotes the following case or two in point, and to show how guarded a prognosis should be given in all cases of deeply-penetrating wounds of the orbit :—

"A man having received a sword wound in the left orbit, from which he felt no subsequent pain, covered it with a plaster, walked two leagues, and ate and drank heartily with his companions as if he were quite well. The next morning he was found dead ; and the wound, on post-mortem examination, was seen to reach the cerebellum. This case was published by Peter Borel, of Frankfort, in 1676.

"Another and more extraordinary case of sword wound through the orbit, transversing one of the lateral ventricles, and reaching the lambdoidal suture, is related by Diemerbroeck (1672). In this case the patient remained in his *usual state of mind and health till the tenth day*, when he was seized with violent fever, and died two days afterwards."

That such a wound should cause no alarming symptoms for ten days, is almost incredible ; but the case strongly shows how guardedly we should give an opinion as to the result of wounds passing through the orbit.

Another direction in which an intruded body is likely to prove fatal is upwards and inwards through the lamella plana, and cribriform lamella of the ethmoid bone, of which Dr. Mackenzie gives the following case, quoted by Bonetus in his *Sepulchretum* :—

A countryman, aged fifty-five, received a thrust in the right orbit from the sharp end of a broken whip-handle, which entered close to the inner canthus of the eye. He was carrying at the time a heavy burden, and trudged on, apprehending no danger, for a quarter of a mile, when he instantly dropped down dead. On examination after death, the nasal extremity of the falx was found wounded, the third ventricle perforated, and in it a considerable quantity of grumous blood.

This man died almost immediately from a comparatively small

wound of the brain, whilst others have lived for years after a most extraordinary amount of injury done to the brain by gunshot and other wounds traversing the orbit. Vision of the eye of the wounded side has in most cases been lost, even though the eye itself has appeared uninjured by the accident, as happened in the case I am about to relate:—

James W——, aged forty-five, a man of spare make, rather above the middle height, and of ordinarily healthy appearance, whilst standing amongst a crowd of persons, received on the evening of the 4th of May, 1859, a broken rocket-shaft through the left orbit. He told me that he was about twelve yards from the rocket at the time it was fired; that he was looking at it, and remembered distinctly to have seen it held above the heads of the people at the time of firing it. He received this terrific wound without falling, and walked some thirty or forty yards to a tavern, where I saw him ten or fifteen minutes after the accident sitting in a chair, his face and lips pale, and his pulse extremely small and weak. There was no expression of pain, only that of extreme shock from severe injury—pallid, shrunk, and motionless features. There was no symptom of cerebral lesion; but vision of the eye of the injured side was immediately and completely lost, though the eye itself appeared uninjured. This amaurotic condition of the eye may have resulted from pressure on or laceration of the optic nerve, or from mere pressure on the globe of the eye, or from extravasation of blood within the globe caused by its contusion. The only mark of injury visible was a thin splinter of wood, not half an inch long, projecting from the orbit immediately above the inner canthus. I placed him on the floor, half recumbent, his head and shoulders being supported. I then endeavored to extract with tolerably strong forceps what I supposed to be a small portion of a rocket-shaft, but I found that I could not stir it. I sent for and soon obtained a pair of strong, flat-bladed pliers, with which even I could not move by direct traction the intruded shaft, so tightly was it wedged between the bones through which it had passed. Knowing that the shaft of a rocket is not round, like that of an arrow, but square, I was aware of the small extent to which it could be rotated on its axis; still I found, on trying to do so, that a slight degree of movement on its axis was not impossible, and by turning it several times a few degrees alternately to the right and to the left I at last loosened it, and slowly drew out inch after inch of the shaft, with no small astonishment as the last two or three inches showed themselves. Its extraction was instantly followed by a profuse gush of blood—a stream almost as large as the extracted shaft; but the bleeding almost ceased in five or ten minutes, iced water being applied over the forehead and upper part of the face. I had forewarned his friends that he might possibly die from hæmorrhage immediately on the removal of the shaft, which I conceived might have acted as a very efficient compress to any large arteries or veins which might have been lacerated. He, however, did not even faint, and in less than fifteen minutes, without any help, got up from off the floor, and walked, saying that he felt quite able to do so. I directed his friends to keep him perfectly motionless, to apply unremittingly iced water to his head, and to carry him gently to the hospital. I also prescribed small and repeated doses of calomel and jalap.

His friends did not take him to the hospital, and I lost sight of him,

supposing him to be dead, until the 23d of June (forty days after the accident), when I found him in good health, strong, and perfectly well except the total loss of sight of the left eye, and the loss of sensation in the upper and anterior part of the left cheek, ala nasi, and left half of the upper lip—probably the result of injury to the infra-orbital branch of the superior maxillary nerve. There was no muscular paralysis detectable. The motions of the left eye corresponded with those of the right, and the levator palpebræ superioris contracted properly, showing that the nerves passing through the sphenoidal fissure were uninjured.

He told me that he was up and dressed, walking about his room, three days after the accident, and that within three weeks he walked a distance of half a mile. He said that he suffered severe headache and vomiting during the first twenty-four hours, but not much pain after that; and had been but slightly feverish. The wound had healed very readily, with scarcely any suppuration, and no pieces of bone had come away. It is surprising that a deep, roughly-made wound like this should have healed by adhesion; if it had not so healed, the lacerated surfaces must have suppurated, and have discharged daily a large quantity of pus, instead of a few drops, as the patient assured me. He also told me that there had been no paralysis except loss of vision of the left eye, and loss of sensation in parts supplied by the infra-orbital nerve; and there had been no loss of consciousness, or anything indicating a severe lesion of the brain, which it is probable, though by no means certain, had not occurred.

The only treatment adopted was that which I had prescribed—namely, cold water to the head, and a few doses of calomel and jalap.

Fifteen weeks after the accident, he told me that his health continued good, but he thought himself hardly so clear-headed as before the injury. I again saw him eight months and a half after the accident; his health and strength as good as ever, but his memory for occurrences happening *since* the injury somewhat impaired, though he did not forget anything which had happened *previously*. Very recently, nearly three years after the accident, I again met with him. He remained nearly the same in every respect, his health and strength good, but his memory decidedly impaired.

One chief point of interest in the case is the consideration of the exact course which the rocket-shaft had taken. It seemed, as I withdrew it, to have passed almost directly backwards, nearly parallel with the mesial plane, apparently through the sphenoidal fissure, and into the base of the middle and posterior lobes of the left hemisphere of the brain; but as it had not killed him, nor even caused any symptoms of cerebral lesion, one can hardly think that it had taken this direction, especially as all the nerves passing through this aperture had escaped uninjured. Some or all would probably have been crushed or torn asunder. If, instead of entering the cavity of the cranium, it had broken the floor of the orbit, passing between the orbital process of the superior maxillary bone and the great ala of the sphenoid, and *below* the base of the skull, it is hardly possible to conceive how all the bloodvessels and nerves passing through the many foramina of this part should have escaped uninjured, the internal carotid and internal jugular lying directly in such a course. I am sure, from the direction of the shaft, as I slowly extracted it, that it had not passed obliquely downwards into the pharynx, and therefore that it must

have taken a course either immediately above, or immediately below, the base of the skull. Under either condition the patient's escape from death renders the case one of the most remarkable in the annals of surgery.—*Lancel.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, AUGUST 7, 1862.

THE present number begins a new volume, making a semi-annual starting point for a renewed effort in our editorial labors, and opening a new page of editorial responsibility. It brings with it an important change in the conduct of the JOURNAL, namely the withdrawal of the Editor whose name has stood first. To say that his withdrawal is a source of sincere and deep regret to all on whom the responsibility of carrying it on remains, is but a feeble expression of a universal sentiment. Nothing but his unalterable purpose could have obtained their assent to a separation which, on their part, has been approached with extreme reluctance. The loss is equally great to our readers; and we may well look forward with misgiving when we consider how much we owe to the sound learning, good judgment, excellent taste and honorable and gentlemanly feeling of our late associate. Private reasons, however, have proved insurmountable, and we must submit with the best grace we may. We are not writing our friend's epitaph, and delicacy therefore forbids us saying more of the personal relations which have made his association with us always most agreeable and profitable. We trust that although his share in the editorship has ceased, he will continue from time to time to contribute to our pages.

And now we would again appeal to the Medical Profession in New England to lend us a helping hand, and contribute more liberally from their stores of learning and experience than they have hitherto been disposed to do. The pecuniary inducement to carry on the JOURNAL is small indeed at the present time, and the duty is doubly hard when we have to depend on a few heavily-taxed contributors to aid us in doing what we can to keep up the standard of the profession here. This is a matter in which the whole medical community have an interest; we hope they will take it more conscientiously to heart. Surely the New England States ought to supply their only Medical Journal with abundance of fresh and profitable matter the year round. So far as our individual effort is concerned, we shall do our best; but we look for liberal coöperation.

MESSRS. EDITORS,—At a special meeting of the Lawrence Society for Medical Improvement, held last night, the accompanying preamble and resolutions were unanimously adopted. In accordance with instructions from the Society, I offer you a copy for publication.

Respectfully, E. SEYFFARTH, M.D., *Secretary.*  
*Lawrence, Mass., July 30, 1862.*

Whereas, This Society has been called to mourn the removal, by death (occurring on the 26th day, inst.), of its President, Dr. J. H. Morse, of this city, who was most highly respected for his usefulness



as a citizen, as a member of the profession, and by this body more especially, which will miss his warm interest in their welfare and in the usefulness of their association, and

*Whereas*, It is fitting, that we should give some public expression of our sense of bereavement and of our appreciation of his worth, be it therefore

*Resolved*, That in the decease of our late associate and friend, we recognize the loss of one, who, by superior attainments, practical efficiency and devotion to its grave responsibilities, adorned and dignified the medical profession.

*Resolved*, That we will keep in lasting remembrance the memory of his good deeds and the excellency of his character, and, as a mark of respect, no successor shall be chosen to the chair, so ably filled by our late President, until the next annual meeting of the Society.

*Resolved*, That to the family of our deceased friend we proffer our sincere and affectionate sympathy in this hour of severe trial, and assure them of the deep interest with which we shall ever regard their future welfare.

*Resolved*, That the Secretary be instructed to transmit a copy of the resolutions to the family of Dr. Morse, and to offer them for publication in the Boston Medical and Surgical Journal, and in the Law-  
rence papers.

G. W. GARLAND, M.D., *Vice President.*

EDMUND SEYFFARTH, M.D., *Secretary.*

**THE MIDDLESEX NORTH DIST. MED. SOCIETY.**—The following preamble and resolutions were unanimously adopted at a late meeting of the Soc.

*Whereas*, It has pleased God, in his infinite wisdom, to remove from the scene of his earthly labors, our friend and brother, Eben K. Sanborn, M.D., late of Rutland, Vt., formerly Surgeon to the 1st Volunteer Regiment of that State, but more recently, by the appointment of Governor Andrew, Surgeon to the 31st Volunteer Regiment of Massachusetts ;

And, *Whereas*, he left a wide and extending practice to engage in the service of his country, in this dark hour of that country's need, it becomes eminently fitting and proper, that here, where his earlier years were passed, and his professional life, so full of promise and hope, commenced, some public recognition should be made by us, his surviving brethren, of his talents, his ripe attainments, and his moral worth :

Therefore, *Resolved*, 1st, That in the death of Dr. Sanborn, the medical profession has lost one of its young, but most promising members : one, who pursued his chosen department of labor, with a zeal, an avidity and an intelligence, that could not fail to elevate him to an enviable position among the distinguished surgeons of our times. That the country has been deprived, in one of the most important branches of her service, of one eminently fitted by his tastes and his surgical acquirements for the high position he was called to fill.

*Resolved*, 2d, That Dr. Sanborn has left to his compeers a bright example of what may be accomplished, by patient study and investigation, and untiring ardor in the pursuit of knowledge.

*Resolved*, 3d, That we deeply sympathize with the bereaved family of the deceased in this most afflictive Providence.

*Resolved*, 4th, That this preamble and these resolutions be entered

on the records of the Middlesex North District Medical Society, and that a copy of the same be forwarded to the Boston Medical and Surgical Journal for publication.

Attest,

I. W. SCRIBNER, M.D., *Secretary.*

**SURGEONS WHO VOLUNTARILY REMAINED IN RICHMOND WITH THE WOUNDED.**—Pursuant to a call, a meeting was held of the Union Surgeons now in the Confederate State Prison. On motion, Dr. M. S. Kittenger was elected Chairman, and Dr. J. P. Seely Secretary. The Chairman stated that a notification had been received from the Confederate authorities that all the Surgeons now prisoners were this day free to return home. In a few brief and eloquent words he mentioned the fact that, in this building alone, there were nearly 1,500 of our wounded or sick officers and soldiers, and altogether, probably, in Richmond, 3,000.

On motion, it was resolved that all those Surgeons who volunteer to remain, and extend their professional services to our sick and wounded, do now signify the same. Whereupon the following gentlemen volunteered to remain: N. F. Marsh, Surgeon Fourth Pennsylvania Cavalry; Alexander A. Edminston, Assistant Surgeon Eighteenth New York Volunteers; James W. Powell, Surgeon in charge Hooker's Division Hospital; George McAllister, Assistant Surgeon Seventy-first New York Volunteers; James S. de Bienville, Surgeon Eleventh Pennsylvania Reserve; M. S. Kittenger, Surgeon One Hundredth New York Volunteers; T. P. Seely, Acting Assistant Surgeon Sixteenth Michigan (Stockton's).—*Am. Medical Times.*

DR. FRANCIS M. LINCOLN, late Assistant Surgeon of the Mass. 9th Regiment, has been appointed Surgeon to the 35th Regiment.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, AUGUST 2D, 1862.

##### DEATHS.

	Males.	Females.	Total.
Deaths during the week, . . . . .	40	54	94
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	47.5	50.5	98.0
Average corrected to increased population, . . . . .	..	..	110.70
Deaths of persons above 90, . . . . .	..	..	..

##### Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Varicella.	Dysentery.	Typ. Fev.	Diphtheria.
10	17	1	3	1	0	5	2	1

**ERRATUM.**—On page 508, 4th line from bottom, the sentence should end after the word "process," and not after "side."

**COMMUNICATIONS.**—Case of accidental Resection of the Elbow-joint.—Case of Poisoning.

**BOOKS RECEIVED.**—Transactions of the Medical Society of the State of New York, for 1862.

**MARRIED.**—At St. Paul's Church, Baltimore, on the 26th inst., Dr. Alpheus B. Crosby, of Hanover, N. H., late Medical Director of General Casey's Division, Army of the Potomac, to Miss Mildred Glassel, only daughter of Mrs. Luke Lea, of Baltimore.—At Lynnfield, on the 31st ult., N. M. Payne, M.D., of Gloucester, to Miss Mary A. Alden, of Chelsea, daughter of David Alden, Esq., of Northport, Me.

**DEATHS IN BOSTON** for the week ending Saturday noon, August 2d, 94. Males, 40—Females, 54.—Accident, 1—disease of the bowels, 1—Inflammation of the bowels, 2—congestion of the brain, 3—disease of the brain, 1—bronchitis, 1—burns, 1—cholera infantum, 17—cholera morbus, 2—consumption, 10—convulsions, 2—croup, 1—debility, 1—diabetes, 1—diarrhoea, 4—diphtheria, 1—dropsy, 1—dropsy of the brain, 3—drowned, 2—dysentery, 5—erysipelas, 1—scarlet fever, 3—typhoid fever, 2—disease of the heart, 3—infantile disease, 7—intemperance, 2—Inflammation of the lungs, 1—marasmus, 4—old age, 2—disease of the prostate gland, 1—scrofula, 1—suicide, 1—teething, 1—unknown, 6.

Under 5 years of age, 57—between 5 and 20 years, 6—between 20 and 40 years, 19—between 40 and 60 years, 7—above 60 years, 6. Born in the United States, 71—Ireland, 19—other places, 4.

# MEDICAL JOURNAL ADVERTISING SHEET.

**MEDICAL INSTITUTION OF YALE COLLEGE.**—The Course of Lectures for 1862-63 commences on Thursday, September 18th, and continues seventeen weeks.

**JONATHAN KNIGHT, M.D.,** Prof. of Surgery.  
**CHARLES HOOKER, M.D.,** Prof. of Anatomy and Physiology.  
**WORTHINGTON HOOKER, M.D.,** Prof. of Theory and Practice of Medicine.  
**BENJAMIN SILLIMAN, Jr., M.D.,** Prof. of Chemistry and Pharmacy.  
**PLINY A. JEWETT, M.D.,** Prof. of Obstetrics.  
**CHARLES A. LINDSLEY, M.D.,** Prof. of Materia Medica and Therapeutics.  
 Matriculation, \$5. Lecture fees, \$68.50. Graduation, \$15.  
**CHARLES HOOKER, Dean**  
*New Haven, July 28, 1862.—tl.* [of the Faculty.]

**GENEVA MEDICAL COLLEGE.**—The Session of 1862-63 will begin Wednesday, Oct. 1st, 1862, and continue sixteen weeks.

**Faculty.**  
**JOHN TOWLER, M.D.,**  
*Dean and Registrar.*  
**JAMES HADLEY, M.D.,**  
*Emeritus Prof. of Chemistry and Pharmacy.*  
**JOHN TOWLER, M.D.,** Professor of Chemistry and Pharmacy.  
**FREDERICK HYDE, M.D.,** Prof. of Principles and Practice of Surgery.  
**GEORGE BURR, M.D.,** Prof. of General and Special Anatomy.  
**NELSON NIVISON, M.D.,** Prof. of Physiology and Pathology.  
**HIRSH N. EASTMAN, M.D.,** Prof. of the Practice of Medicine and Materia Medica.  
 " Prof. of Obstetrics, Diseases of Women and Children, and Medical Jurisprudence.  
**LYMAN W. BLISS, M.D.,** Demonstrator of Anatomy.  
*Fees, payable in Advance.*—Matriculation, \$2. Tickets for the whole Course, \$50. Graduation, \$20. Demonstrator's ticket, \$3. Anatomical material, \$5.  
 Especial attention paid to Military Surgery, &c.  
 Further information may be obtained by addressing  
**J. TOWLER, Dean of the Faculty,**  
*Geneva, N. Y.*  
 \* R. BRON, M.D., will perform the duties of this department. July 31—1015

**GARDNER'S PERMANENT SOLUTION OF PROTOXIDE OF IRON.**—The attention of the Medical Profession is called to this novel and eminently successful preparation of Iron. It is becoming so well known, and so generally used, although but a short time before the public, that it has already taken its place among the standard preparations of the day. It contains 40 grains of Ferri Protoxide to the fluid ounce, and is prepared in two forms—bitter and sweet; the former the result of a combination of a vegetable tonic (Quassia), containing no Tannin, whereby a precipitate of Tannate of Iron is avoided) with the mineral. The rapidity with which this article is assimilated is really surprising, usually producing observable effects in chlorosis in from three to six days.

*Jersey City, N. J., Feb. 15, 1862.*  
 I have tested the preparation of Mr. Gardner, known as the "Liq. Ferri Protoxidi," and find it to be decidedly the most efficient preparation of that mineral I have ever prescribed; being prepared with a vehicle at once palatable and acceptable to the stomach, it is readily administered. I have no hesitation in giving Mr. Gardner's preparation the preference over all other preparations of that mineral, for those peculiar morbid conditions of the human organism where the use of Iron is indicated.

**PHILIP N. SENDERLING,**  
 President of Hudson County Med. Society.  
 Manufactured solely by the proprietor, **ROBERT W. GARDNER,** Druggist and Chemist, Jersey City, N. J. **JOSEPH WATSON,** General Agent, 31 Park Row, N. Y. Wholesale Agents for Boston, S. M. Colcord & Co., cor. Hanover and Portland sts. July 31.

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 Refer to **HON. SAMUEL EMERSON,** Mountonboro, N. H.; **Geo. SANBORN, M.D.,** Meredith Village, N. H.; or **JOHN S. EMERSON, M.D.,** Camp Colby, Concord, N. H. July 31—sw447

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### REGULAR TERM.

The regular term will commence on Wednesday, October 15, 1862, and end early in March, 1863.

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Aug. 7—1am3t

THE

# BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY

SAMUEL L. ABBOT, M.D.

Whole No. 1798.] Thursday, August 14, 1862. [Vol. LXVII. No. 2.

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E. K. Sanborn, Professor of Surgery, Castleton Medical College. May 30

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THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. LXVII.

THURSDAY, AUGUST 14, 1862.

No. 2.

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A CASE FROM MY NOTE-BOOK.

BY W. CHANNING, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

JULY 25th, 1862.—Mrs. —, 26; two children, oldest 4 years. Last menstruation January last part. Quickening about 14 weeks ago. Says she is 7 months pregnant. Had cough sometime before, and vomiting or retching has accompanied this almost from the very beginning of pregnancy. For the last two months, respiration has been very laborious, and accompanied by grunting. So laborious was it, and so difficult was expectoration—sometimes threatening suffocation—the pulse was so rapid, and so various in frequency and strength, together with the impossibility of bearing food or drink on the stomach—and such was the exhaustion, that it seemed hardly possible for life to be much longer sustained. Auscultation discovered disease of both lungs. There was so much confusion in the sounds—coarse crepitus—whistling—bronchial—mucous—no egophony—dulness on percussion, &c. &c., that the diagnosis was not easy. Expectoration, very small in quantity; mucus sometimes tinged with blood. Anasarca of feet and ankles. This state of things had existed full three months. The most striking of the rational signs was constant aching of the chest and epigastrium. This was owing in part to the rapid and labored expansion of the chest to permit air enough to enter the lungs to support life. Most bitterly was it complained of by one of the most patient sufferers I have met with in a long life.

There were symptoms of labor. The womb was not very large, but tense—more so than I remember to have seen before. Pressure made no difference in its outline. Examination per vaginam discovered the os uteri soft, dilated, and generally dilatable. The membranes were felt to be distended by a large quantity of liquor amnii. Vagina soft—dilatable, well lubricated. Labor was present, but the patient had felt no *uterine pain*.

What was to be done? Dr. —, by whom I had been called

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for consultation, agreed with me that the only chance of recovery was in producing uterine action, and this could be effected by rupturing the membranes. This was done, and a very large quantity of waters followed. There was some relief. Active contractions soon came on, and in about two hours the child was born, a female, weighing probably from five to six pounds.

The afterbirth soon followed. Some coagula were removed from the vagina. The womb contracted perfectly, being felt as a small, round, smooth ball, just above the anterior portion of the brim. This is described because the womb presented a condition which I at least have not met with before. It was not produced by any unusual descent of the womb into the pelvis, for this was learned by examination, and not the least uterine uneasiness was complained of, upon such pressure as generally produces pain. The womb had contracted so perfectly that there was no portion of it in such a state as to *contract* upon pressure and produce pain. There was no *flowing*. Much relief followed delivery. Mrs. — could now lie somewhat down. For weeks before, this was scarcely possible. As the cough still annoyed her, she got about one-eighth of a grain of sulphate of morphine in solution, which was followed by some mitigation of this leading trouble.

July 26th. I found Mrs. — lying with a single pillow, breathing with comparative ease, with well-marked intervals, with very little movement of the chest, and without any *grunt*,—and, during my visit, without a cough. Skin soft;—pulse about 120, soft, and uniform—countenance perfectly calm, and natural. She was lying on the *left side*, which she had scarcely been able to do for the two months of her disease. Had passed urine freely, and without uneasiness. Her expression of relief was without qualification. For the first time she had taken food with relish, and had borne it perfectly. “What food?” I asked. “Gruel—toast and tea,” was the answer.

Upon examining the abdomen, the womb was found well contracted, and no pain was produced by pressure upon it, or in any other part of the abdomen. Directions were given to the nurse to preserve the next urine, which Dr. B., the attending physician, had before agreed to examine chemically, to ascertain if it contained albumen.

27th. I was called early to see Mrs. —, and learned she had passed a very uncomfortable night; had been very *nervous*;—hot—thirsty—no sleep. The infant died in the night, and this being told her, increased her discomfort. No cough nor vomiting in the night; occasional difficulty of breathing. Such was the report. I found her more calm, and complaining of heat and thirst. Skin dry—hot generally, but the hands, arms, and head, most so. Abdomen flat, soft—not tender. A coagulum had passed from the vagina. Pulse rapid and quick, between 120 and 130. Urine abundant, and of natural color. Lochia natural. Breasts as before delivery. Urine,

tested with nitric acid, showed slight traces of albumen. *R.* Pulv. potas. nit., ʒ i.; aquæ, ʒ vi. *M.* Half an ounce, every five hours. At night, if sleepless, *R.* Extract opii. liquid, gtt. xx. To be repeated if necessary.

28th. Sleep good—refreshing. In all respects much better than yesterday. Auscultation discovered much diminution of pulmonary trouble, and respiration very little disturbed. No milk—lochia natural. Continue treatment of yesterday. If no dejection, fluid extract of senna to-morrow morning.

It may be asked why a cathartic had not been given before. Many years ago, it was customary to give physic the day following delivery. In a case of grave disease following labor, the late Dr. John C. Warren was once called in consultation the second day after delivery. It was asked if a cathartic might not be useful. Dr. Warren said, no; adding, that he had long abandoned this practice, and for this reason, that as a puerperal patient had recently suffered so much pain, so much local and general disturbance, he could not but think that purging would only increase trouble, and might even produce grave disease, and that the best treatment under such circumstances was perfect rest, and especially of the abdominal viscera. I have followed this suggestion ever since. On the third or fourth day, a laxative may be given. A favorite one is castor oil in lemon juice, say from one to two drachms of each, fasting in the morning; a mixture some years ago recommended by the late Dr. Armstrong of London, and which very rarely fails to answer the purpose and with perfect ease to the patient. As Mrs. — always vomits castor oil, senna was directed instead.

A question arose in this case, whether turning should be attempted after rupturing the membranes. Upon full view of the case—the length of time of the disease, and its obvious effects, and especially the uncertainty of consequences from the necessary violence of the operation—it was agreed to leave the case as it was, to the occurrence of natural labor, and to such artificial aid as circumstances might demand. There was this to support such a course. The presentation was perfectly natural—the occiput being to the left acetabulum, the forehead to the right sacro-ilac synchondrosis. It was quite low enough to be easily reached by the forceps, if indicated, and the *os uteri* was so dilatable as to be swept with perfect ease over the head, to, and above the symphysis pubis. Contractions soon declared themselves, and the head responded to the effort. The embarrassment of respiration was increased, and as loud complaint was made of the suffering, as the patient could utter. Efforts increased, and voluntary force soon came into exercise, and in about two hours from the rupture of the membranes, as was said above, delivery was accomplished.

August 2d.—Mrs. — is rapidly convalescent; feels quite well. Respiration somewhat labored, and pulse more rapid than natural. Auscultation found pulmonary troubles much less. Has milk.

## ACCIDENTAL RESECTION OF THE ELBOW-JOINT.

[Communicated for the Boston Medical and Surgical Journal.]

IN September last, Richard French, aged 61 years, a hard-working mechanic, of good habist, while at work at a bench saw, a tub saw of twenty-two inches in diameter, with coarse and wide set teeth, by some means got his left arm in contact with it. The arm being flexed at the time, the saw engaging the outer or radial edge of the arm, both above and below the joint, passed through the soft tissues and diagonally through the humerus at the point where the bone spreads out to form the condyles, and in a similar manner across through the neck of the radius and the ulua, just below the coronial process, and forward and inward so as to reach beyond the entire joint and out at the ulna edge of the arm—the entire joint dropping upon the floor.

Dr. Andrews and myself were called, and upon a careful examination, it was found that the remaining connection between the arm and forearm consisted of perhaps a little more than a third of the integuments, the biceps muscle, and perhaps small portions of the brachial artery, the median and brachial nerves, the accompanying cellular and adipose tissues, &c., all of which could have been severed by a slight stroke of the knife.

There was a fair state of the circulation in the limb, and after taking all things into account, it was decided to make an effort to save it. The wound was well trimmed of its ragged tissues, the bones squared off, several arteries ligatured, the limb extended, the bones brought in coaptation, the integuments drawn together by sutures, adhesive straps and bandaging to cover the wound as much as possible, and the limb laid upon an anterior jointed splint and placed in an elevated position.

With this great loss of substance, a consolidation of the bones seemed to be the most favorable result that could be expected, and the treatment adopted was such as to favor that object. Very little inflammation ensued, and scarcely any sloughing took place. All things went on very kindly; and, at the end of eight weeks, the wound was well nigh cicatrized.

At this period a very little flexion was made and maintained, increasing it by little once in a week, or so, till it was brought to the right angle, adapted to his business, and it was decided to keep it in this position till bony union should take place. From time to time, as the limb was examined, it was found that there was a gradual improvement in strength and firmness; and it was confidently expected that a bony union would soon be established. But after an unusual delay, in looking at the limb, and at the time removing the splint it was noticed that the arm sprang back a little, upon which the patient was requested to flex it, and it was found that he had some control over it. From this time the plan of treatment was changed to frequent motion and friction of the limb. There

has been a gradual increase of motion and strength from that time; and now he has the power of flexion and extension of the arm and of pronation and supination of the hand to a considerable extent. In flexing and extending the forearm, I think he has a swing of the hand of fifteen inches. The arm is shortened three and a half inches.

For the last three months, Mr. F. has been regular at his work, a chair-maker, from morning till night; and he says at some branches of his business he can perform as much as ever he could. In lifting from the floor the arm is as strong as the other; but in raising the weights with the arm in a horizontal position, he cannot do as much. He has a good use of his hand, excepting the little and ring fingers, which are flexed a little; still he has some use of them, with imperfect feeling. The ulnar nerve was destroyed. He has a posterior jointed splint fitted to his arm, which he wears constantly.

The question arises, from whence comes the power of extension? I will leave others to decide the question,—and I will simply state that supination precedes extension.

EDWARD BARTON.

*Orange, August 5, 1862.*

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#### ON THE TREATMENT OF ACUTE RHEUMATISM,

CONSIDERED WITH REGARD TO THE LIABILITY TO AFFECTIONS OF THE HEART UNDER DIFFERENT TREATMENT.

[Read before the Royal Medical and Chirurgical Society, by W. H. DICKINSON, M.D., Cantab, &c.]

THIS paper was based upon a tabular condensation of the cases of acute rheumatism which were admitted into St. George's Hospital during the five years ending on December 31st, 1861, and in whom the heart was, on admission, unaffected by the disease. The method of treatment adopted in any particular case depended very much upon the chance of the patient coming under one physician rather than another; and a comparison of the results would, to a certain extent, be a guide to the value of the means used. The cases, therefore, were classified according to the treatment made use of. As the main object of the investigation was to ascertain the effect of remedies in preventing cardiac mischief, the arrangement was not altered by measures adopted in consequence of its occurrence. The tables were fourteen in number. The first gave results of 8 cases in which venesection was early resorted to, other medicines being at the same time used. In 3 of the cases endocarditis or pericarditis was clearly recognized. In 1 there was incomplete evidence of cardiac derangement. The heart, therefore, was absolutely uninjured in only half the number. The patients remained in the hospital for an average period of forty-one days. Bouillaud, who is the great advocate of bleeding in this disorder, and trusted to it almost exclusively, expresses his opinion that such complications are the rule, and not the exceptions. The second table

gives the result of 6 cases treated solely with repeated doses of calomel and opium. In two subsequent classes were seen the effects of the same medicines aided by saline draughts, with and without nitre. The progress of the disease under each plan appeared to be much the same. The total of 24 cases presented 6 of inflammation of the heart or its membranes, of which 2 proved speedily fatal. The average number of days in hospital under mercurial treatment was thirty-seven.

The action of some reputed specific remedies was then considered. With regard to opium, reference was made to some tables published by Dr. Sibson in the *Association Medical Journal*. 21 cases are here recorded, in which, when the treatment was commenced, the sounds of the heart were natural. Opium was given in frequent doses, sometimes as much as a grain an hour, besides other remedies supposed to have an effect in rheumatism. No less than 14 of these cases, or exactly two-thirds, manifested while under treatment symptoms of valvular or pericardial inflammation.

The cases, 7 in number, treated with nitre alone, gave only 1 of cardiac complication. The average duration of the treatment was reduced to twenty-seven days. Further evidence in favor of nitre was deduced by comparing the results of cases treated with saline remedies alone, and those which had salines with nitre in addition. A table contributed by Dr. Basham to the "Transactions" of the Society was quoted. Of 67 cases of acute rheumatism treated with large doses of nitre, the heart being in each case unaffected at the commencement of the plan, 6 only had symptoms of inflammation of that organ.

In considering the treatment of saline remedies, the use of the term was limited in an arbitrary manner. It was assumed that the salts which the potass and soda form with the vegetable acids undergo such changes in the system as to become equivalent, or nearly so, to the same quantity of alkali in combination with carbonate acid. Whether a certain quantity of potass is given as citrate, tartrate, or carbonate, the effect upon the urine and upon the system generally was held to be much the same. The arrangement was made accordingly. Those patients treated with an aggregate of such salts not reaching three drachms a day were considered as under saline treatment; those taking as much as three but less than four drachms, as under partial alkaline treatment; those taking from half an ounce to an ounce and a half, as under full alkaline treatment.

Sixty-two cases appear to have been subjected to saline treatment, alone or with other remedies. These afforded a proportion of heart affection of 1 in 3.6. The conclusion was that salines in such quantities had but little influence upon the course of the disorder; when used in conjunction with more potent remedies, the result always correspond with the observed effect of the additional medicines when used independently.

With the increased doses, which the author distinguished as partial alkaline treatment, no diminution of the heart symptoms was observed, although the disorder terminated in rather a shorter time.

The full alkaline treatment was exemplified by two tables. It consisted in the administration of the salts which potass and soda form with carbonic and vegetable acids, in quantities varying from half an ounce to an ounce and a half daily. Half a drachm of the acetate, with twice as much of the bicarbonate, of potass, dissolved in the *haustus ammoniæ acetatis* of the hospital pharmacopœia, furnished an ordinary form of prescription. This was given every four or six hours, and sometimes made to effervesce by the addition of a little citric acid. Salts of soda were sometimes resorted to. The total of 48 patients thus treated passed through the dangers of the disease, with only a single instance of any cardiac affection. In the exceptional case the murmur came on within twenty-four hours of the commencement of the treatment, and did not prove permanent. The average number of days in hospital, when this treatment was applied simply, was 25, the smallest of all; when other medicines, as colchicum, were used in addition, five days were added to the average period. Dr. Garrod's published cases, in which bicarbonate of potass was used alone, were quoted as rather less successful than those at St. George's, in which neutral salts were given in addition. 24 of Dr. Garrod's cases afforded 3 of inflammation of the heart or its membranes. It was concluded that the carbonates of potass and soda, and those of their other salts which in the body are capable of being converted into the carbonates, exert an especial curative power in rheumatic fever, and, if given in time, will completely protect the heart from the dangers by which it is surrounded. Taking the proportion of heart affection under the alkaline system, 1 in 48, and, with this as a standard, reviewing the other plans of treatment, the result was striking. 113 cases where other remedies were used gave 35 instances of cardiac mischief, or a proportion of 1 in 3.2. Nitre, next to the alkalies, was the most successful. The general symptoms were shortened under its use, and the frequency of cardiac inflammation was reduced to 1 in 10. Regarding the other remedies which have been credited with the cure of acute rheumatism, it simply became a question which were useless and which injurious. Mercury allowed a proportion of cardiac inflammation of 1 case in four. Saline treatment gave a worse result. With bleeding, one-half of the cases became thus complicated. Under opium the mischievous influence of the disorder attained its maximum. Two-thirds of the cases so treated had the symptoms of endocarditis or pericarditis. With the exceptions stated, it was maintained that the more active the remedies, the more untoward, generally speaking, is the progress of the disease. It was shown that the use of colchicum retarded the recovery of the patient.

The practical deduction was, that acute rheumatism is best treated by giving at short intervals a solution of nitrate, acetate, and bicarbonate of potash in such doses that ten or twelve drachms of the two latter salts together are taken in the twenty-four hours. Half a drachm of the acetate, with a drachm or a drachm and a half of the bicarbonate, and ten grains of nitre, would answer the purpose.

A brief review of the history of the alkaline treatment of rheumatism concluded the paper.

Dr. GOODFELLOW had long been in the habit of employing the nitrate of potash in cases of rheumatism, in doses of ten grains to two scruples every four hours. This mode of treatment had no material influence on the duration of the disease, but prevented cardiac complications. In one case out of sixty only was the heart affected. He combined, however, with the nitrate the bicarbonate of potash. He always took the precaution in these cases of covering the chest with cotton wool. He had found this mode of proceeding most effectual in preventing cardiac disease. He had tried other remedies, however, in combination with the nitrate of potash, such as Dover's powder and the acetic extract of colchicum. Opium at night with the colchicum seemed to cut short the duration of the disease, and prevent heart affection. Under this treatment also relapses were rare.

Dr. FULLER had long employed alkalies in cases of rheumatism. Under this treatment he had never found the heart become affected, except in two or three instances, where inflammation had set up within twenty-four hours after the commencement of the treatment. He was in the habit of employing large doses of the alkalies with a view of producing an alkaline condition of the urine. When this was effected, he thought that it was unnecessary to test the condition of the heart, as he considered the patient safe from such complications. The duration of the disease under this treatment he thought was decidedly lessened. It was not necessary that the alkali should be potash, for the carbonate of soda had the same effect. His experience, however, of the carbonate of ammonia was not productive of such decided results.

Dr. GULL remarked that alkalies had been extensively employed in Guy's Hospital in cases of rheumatism. Dr. Golding Bird was the first to recommend this plan of treatment. The practice, however, in his (Dr. Gull's) hands had proved a decided failure. He had never thought that there was any proof that there was an acid state of the blood or urine in these cases. The perspiration was not always acid in the worst forms of the complaint. In some cases the patients' sweat had assumed three distinct forms—alkaline, neutral, and acid. He could, therefore, see no expectation of relieving the patient by adopting a merely chemical plan of treatment. Colchicum, Dover's powder, hot baths, nitrate of potash, opium, and other remedies he had tried without satisfactory results. His ex-



perience led him, therefore, to treat the disease empirically. After all, he thought that it should be regarded mainly as an affection of the nervous system. He had been most successful by keeping the patient perfectly quiet, confining him to his bed, preventing the influence of all disturbing causes, and supporting him on the simplest diet. He had found rheumatism thus treated usually do well. Under it the heart was kept from disturbance, and consequently from anything like inflammatory disease. This treatment, with the addition of a little extract of taraxacum and peppermint water, administered as a placebo, had been most effectual in his hands. Out of sixty-four cases which he had thus treated, there was scarcely a case in which the heart had been affected. The author of the paper had adduced forty-eight cases in support of the treatment which he had advocated; but this was altogether too small a number on which to found a theory. Rheumatism was so different at various times, that it must always be studied in reference to what he might call its natural history. He doubted exceedingly whether the alkaline treatment could be regarded as specific against the occurrence of the heart disease. Dr. Goodfellow, who strongly advocated the employment of the nitrate of potash, seemed glad afterwards to add something else to his remedy. If the alkaline treatment was so successful, why did he do so?

Dr. STEWART agreed in the main with the observations made by Dr. Gull. He had found that the perspiration in cases of rheumatism was not always acid. On the contrary, he had found it in some instances intensely alkaline. The disease must be treated on common principles. Under simple remedies, with due regard to the conditions of the patient, the greatest success would be attained.

Dr. O'CONNOR differed from Dr. Gull in regard to his do-nothing treatment. On the whole he thought the general treatment by alkalis noticed in Dr. Dickinson's paper the best; but he considered that the bicarbonate of potash should be combined with the nitrate of potash or the acetate of ammonia, so that they might act upon the skin; the object of treatment being, in fact, to eliminate from the system a morbid matter. Rheumatism was a disease which must be treated according to the symptoms presented to us, and the condition of the patient. In exceptional cases moderate bleeding might be advantageously employed. In other instances, the administration of opium and calomel might be indicated. In fifty cases which he had treated at the Royal Free Hospital, only two women had been the subjects of cardiac inflammation, and one of those had cardiac affection on admission. All the patients recovered.

Dr. DICKINSON, in reply, stated that the doses of alkaline remedies administered in the cases which he had brought forward were much larger than those which had been resorted to in Guy's Hospital. To be effective the remedy must be carried out with energy

and perseverance, and it was only in such cases that the treatment which he had advocated could be fairly tested.

Dr. GULL, in reply to Dr. O'Connor, remarked that so far from his treatment of rheumatism being liable to the charge of a doing-nothing system, it was on the contrary, a most careful and active mode of treatment. The patient must be watched and subjected to the most stringent rules which the medical attendant could adopt. So far from doing nothing in such cases, he did everything that the nature of the case under his treatment required. By regarding rheumatism as a disease essentially differing under different circumstances, the practitioner who took into consideration the state of the patient and the indications presented to him, would, in his opinion, be more successful than the man who adopted a theory as applicable to all cases, and carried it out.

Dr. BABINGTON had been surprised that in the discussion which had taken place no allusion had been made to the influence of lemon-juice in the treatment of rheumatism. No remedy would appear to have been more effectual in controlling its duration, or preventing its cardiac complications.

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### **Navy Medical Intelligence.**

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THE following letter, received by a medical gentleman of this city from one of the surgeons of the Mississippi squadron, has been handed over for publication.

MISSISSIPPI RIVER, July 23d, 1862.

*My Dear Sir,*—I find myself very comfortably situated here, excepting the two drawbacks from which we all suffer—intolerably hot weather and mosquitoes. Our fleet are now below Vicksburg, having re-passed that place one week ago, for the purpose of destroying a rebel ram which came from Yazoo river, and had the audacity to run the gauntlet of the combined fleets of Davis and Farragut; not one of the vessels of which had steam enough up to pursue her. For the purpose of destroying this rebel craft, our fleet fell down stream and stormed the city that evening, but in the darkness of the night the ram could not be found. We are now on the eve of another attack, which I hope will be more to the purpose.

You have no doubt heard through the newspapers all about our first passage of the batteries of Vicksburg; the engagement lasted two hours and was a severe one, notwithstanding our comparatively small list of casualties—16 killed and 40 wounded. Before the engagement came off, I was ordered temporarily to the gunboat Scioto, her surgeon being absent on sick leave. We were struck eight times—six times in the hull, and twice in our foremast. The first shot struck us in our water-way, on the starboard quarter; it was very close, for if it had been six inches higher up it would have cleared our quarter deck; the paymaster and myself were covered with splinters. The last shot dismounted the rifle Parrot gun on our fore-castle, killed one man and wounded three—two slightly, one severely. The left arm of the latter was terribly shattered from the elbow down, so that I was

obliged to amputate, and a pretty hard time I had of it, for my steward was thoroughly unaccustomed to the duties of an assistant, and I had to ligate the main arteries myself; he did not even know how to apply the tourniquet. Had I not been on deck, I believe this poor fellow would have bled to death; I saw him coming aft where I stood with his shattered arm hanging by his side, and the blood pouring down his pantaloons, leaving a pool at every step. I immediately ran towards him, compressed the brachial artery, and had him carried below. Before he got there he had fainted, but we revived him with stimulants, and after the amputation he was quite bright. I am glad to say he is doing well, and that his stump is now nearly healed. I had a fine opportunity of witnessing this fight, for I was on deck through the heat of the action. I obtained permission from the first Lieut. to be there, it being just as safe for me there as in the ward-room, which is used as a cock-pit on these small vessels. The shot whistled around us very lively that day; in the grey of the morning we could see every gun explode; there was something grand about it, yet it is a grandeur that I am free to confess I do not want to see very often.

During the last engagement, I was up the river at Cairo, having been sent there in charge of thirty wounded and sick sailors. On this expedition we met with an accident which, had it occurred in the night, might have proved serious. When about six miles below Fort Pillow our steamer ran upon a snag, and immediately commenced to sink. All was consternation on board. I had the greatest difficulty in keeping my patients quiet, some of whom were for jumping overboard. Fortunately for us all, Capt. Queen of the mortar flotilla, was on board, and immediately took command of the steamer (for the captain was totally inefficient and had no command over his crew), and ran her alongside the shore, and in five minutes she was resting firmly on the bottom in ten feet water. We got all on board safely off, and immediately sent up to Fort Pillow for aid. After remaining on the shore for ten hours, the Sanitary Commissioner's steamer Tycoon came for us, and carried us safely to Cairo.

I understand, since commencing this letter, that we are to leave this river to-morrow for Pensacola; we shall therefore leave Davis to take charge of Vicksburg and the ram. All hands are rejoiced at this, for we all long to see the blue waves of the ocean.

There is a great deal of sickness among our fleet here. I prescribed to-day for upwards of eighty; many of which, are cases of remittent fever. We have also a number of cases of intermittent. Diarrhoea and dysentery also prevail to a great extent. Quinine is our great remedy down here; that with elixir of vitriol, are our stand-bys.

Dr. Clark, whom you may remember, is down here and stationed on the Scioto.

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The following assignments have been made of medical officers: Medical Inspectors, Perley and Cooledge to duty in the Surgeon-General's office and in the Military District at Washington; Medical Inspectors Cuyler, Keeney, Lyman, and Allen, to report in person to the Assistant Surgeon-General in St. Louis, for duty in the department of the Mississippi. Medical Inspector Mussey and Assistant Surgeon Parry to report to General McClellan in the Army of the Potomac.—*Am. Medical Times.*

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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BOSTON: THURSDAY, AUGUST 14, 1862.

*On Military and Camp Hospitals, and the health of Troops in the Field. Being the results of a Commission to inspect the Sanitary Arrangements of the French Army, and incidentally of other Armies in the Crimean War.* By L. BAUDENS, inspector and member of the Council of Health of the French Armies, formerly Surgeon-in-chief, and first Professor of the Perfecting School of Val-de-Grace, etc. etc. Translated and annotated by Franklin B. Hough, M.D., late Inspector of the United States Sanitary Commission. New York. Baillière Brothers. 16mo. pp. 260.

THE translator of this interesting and valuable little volume was prompted to his work, as we learn from his preface, by the desire to render the results of the dearly-bought lessons of the Crimean war useful to the American armies in the present war. Surely, if prevention is better than cure, and if disease slays more men than sword or bullet, even in war, as it undoubtedly does, we cannot have too much of the experience of others to help us in averting the dangers which the past year has shown cannot be too carefully guarded against. The principles of military surgery are comparatively simple, and little can be said about them now which can present any great claim to novelty; but the varying circumstances of position, food, clothing, atmospheric conditions, etc. present so many new problems, bearing on the welfare of an army from day to day, and call for such constant ingenuity on the part of the medical officers, such a command of resources to meet the exigency of the moment with whatever means may be at hand, that the narration of such an experience is full of the novelty and charm of adventure. Such is the character of the book before us. It is crowded with interesting and valuable—valuable because practical matter, from beginning to end. The author was eminently fitted for the office which he undertook, having been at the time of his death a devoted and distinguished medical officer in the French army for thirteen years; during which he had been Surgeon-in-chief of the military hospital of Val-de-Grace, in Paris, for ten years, and the balance of the time Medical Inspector to the French Army in Corsica, Italy and the Crimea. He died on the 27th of January, 1858, from disease of the liver, contracted in the service of his government while in the east.

Turning over the leaves of this interesting volume we came to the chapter on rations, which contains many wise reflections and suggestions. It seems that the French soldiers had to try their teeth on the same kind of biscuit as that which has too often formed the staple food of our own regiments. Neither did they like it any better than our Army; and Dr. Baudens objects strongly to its use, where army bread can be procured. He says it "is extremely absorbent, acting on the stomach like a sponge, and after having exhausted the salivary glands in mastication, it absorbs the gastric juice, so that not enough remains for proper digestion." The translator, in a note, states some interesting facts with regard to the consumption of bread in our army, which show that the men have every inducement to use it in preference to biscuit, when they can get it.

"In the American army, the regulations allow, under ordinary circumstances, the issue of flour at the rate of twenty-two ounces daily to each man, in place of the same weight of bread. This flour, drawn by the Division, Brigade, Regiment, or Post, is baked by soldiers detailed for the purpose, in ovens made of sheet iron, covered with brick, stone, or earth, or in ovens of brick alone, and the savings that result go towards establishing a fund for the benefit of the posts or regiments concerned. There are probably no regiments in the service, in which a sufficient number of masons and bakers could not be found, to construct and operate these bakeries. For purposes of economy, they are often worked day and night, by relays of men. The savings have in some cases exceeded 33 per cent., and will, in most if not all, come up to 30 per cent. The economy of the arrangement appears in the difference of transportation, and in the quality of the bread, as well as in the savings upon weight; and the facility with which negligence and abuses can be corrected, is so great, that they may be checked upon first appearance. In Gen. Kearney's Brigade, of four regiments in Franklin's Division of the army of the Potomac, the savings in two months, in the winter of 1861—2, amounted to \$3,436."

The French army suffered much from the want of a sufficient supply of vegetables as our army has done, and as all large armies must; it is almost impossible to keep up a constant supply of these antiscorbutics in quantity sufficient to keep the fluids in a healthy condition. And notwithstanding the impression that every Frenchman is by nature a cook, we find the same complaints as among our own troops, of the bad cooking in some of the regiments. Soup, we believe, constitutes a much larger proportion of the diet of the French than the American soldier, and the fare of our troops would be greatly improved by substituting it to a greater extent for the salt meat which they turn away from so often with loathing. "Soup makes the soldier," says M. Baudens, "but its quality depends upon the cook."

"Every soldier takes his turn in cooking, as he does in mounting guard; but this is wrong. In the same regiment, some companies eat good soup, and some bad. The army officers do not usually trouble themselves with these details, so important—for the first condition of health is that the stomach be satisfied. In the Crimea, the troops that best sustained privations and fatigues, were those commanded by colonels careful of their men. Let us take an example of two regiments, which left the camp of Saint Omer at the same time, arrived together in the Crimea, in October, 1855, encamped side by side, endured the same vicissitudes of weather, and performed the same services; the one preserved on the 1st of April, 1856, 2,224 soldiers of an effective force of 2,676 men, while the other, with an effective force of 2,327 men, had 1,239 only left—and these losses did not include those wounded in war! In the armed naval service, our commanders of vessels supervise the preparation of meals for the crews, and observe most punctually the hour for breakfast and dinner, which is never delayed, anticipated or interrupted. It is earnestly to be wished, that the same scrupulous care might find its way into our land armies, and that these wise hygienic measures should never be infringed upon, except in cases of absolute and manifest necessity. We pay rewards to those colonels of cavalry whose squadrons preserve the greatest number of horses, and these rewards excite an

excellent and profitable emulation. We could have similar, but more important and happy results, were we to grant similar tokens to colonels, whose battalions preserved the most men in best health." All this is equally worthy of consideration by our own officers.

Of the use of stimulants in the French army, M. Baudens says, "Wine does not form a part of the ordinary rations of the soldier in a campaign. That which was distributed to the army of the East was generally good. Each soldier drew half a pint, and the officers were allowed to take daily from the stores, besides their rations, a litre (0.264 gallon) of wine, for which he paid fifteen cents, while the private dealers sold wine for three or four times that sum. During the epidemic, Marshal Pélissier doubled the rations. For our sick we had generous wines, which the administration gave liberally. Brandy alternated with wine, the ration being about a third of a pint. Taken immoderately, brandy is very dangerous in winter, and exposes the drunkard to perish from cold; but in moderation it excites a salutary reaction. M. Laurent, a ship lieutenant, had charge day and night of a battery before Sebastopol; he preserved the health of his cannoneers through the winter by giving them, at stated intervals during the night, three warm grogs of brandy, through which the system gained great power to resist the cold. Coffee was given out instead of wine or brandy, the rations consisting of sixteen grammes (about half an ounce) of coffee, and twenty-one grammes (three fourths of an ounce) of sugar. It has become among our soldiers in campaign a healthful and favorite drink, and is found to prevent the intestinal looseness so frequent in warm climates. The Arabs take daily, several light infusions of coffee, and when in their country, we ought to be governed by their traditional usages, founded upon reason. The soldier, by steeping some pieces of biscuit in his coffee, makes at will a very nutritious soup, of which he never gets tired. Coffee is especially useful on a halt, or in the trenches, and, in short, anywhere when the soldier has not time to prepare his soup. It refreshes and enlivens, while it does not prevent sleep after a day of fatigue in the open air. It recommends itself to the government, being easily kept and carried. It should not be ground long before use, because it then loses its volatile aromatic principles. It may be roasted and distributed in the grain. In the Crimea we gave the troops little mills, which readily prepared it for infusion. The ingenuity of the soldiers furnished means often original, and not always prosaic, for preparing it. I have seen in our camps, the coffee ground by a ball rolled about in the half of a bomb shell."

With regard to the cleanliness of the French troops, as contrasted with the English, we find the following:—

"The habits of cleanliness which distinguished the English army, should have been followed in our camps. They washed their body linen in warm water, and changed twice a week, but our soldiers were not so careful. Filthiness checks the functions of the skin, and engenders vermin. When a patient arrived at Constantinople, we first washed his garments in boiling water. On a review day, our soldiers presented, by their new and well-brushed uniforms, an irreproachable military aspect; but these fine battalions left, as they passed, the marked and well-known stench of the barracks. Our quarters for troops shine with the greasy filth of daily neglect. It is

forbidden—would any one believe it?—to scrub the floors, the benches, and the tables, for fear of wearing them out. Why cannot a barrack be kept as neatly as a ship, and why cannot floors, waxed and rubbed by the soldiers, take the place of the imperfect tiling in the rooms? We have introduced, at length, this luxury into our military hospitals, in spite of the opposition of routine; and, upon entering the barracks, may ask with surprise, why such useful reforms are so slow in finding their place here?"

M. Baudens condemns the huts used by the French soldiers in the Crimea, the floors of which were several feet below the surface of the ground, as being very prejudicial to health; and Dr. Hough says of the somewhat similar arrangement adopted by our soldiers of the army of the Potomac, that "The pernicious habit of sinking the floors of tents below the surface of the ground has almost always been punished by increased sickness and mortality. Upon many occasions, while inspecting the camps in winter quarters, in the army of the Potomac, in the winter of 1861—2, the writer has observed that the sickly companies and squads were those that lived in tents with excavated floors. This disregard of health should be charged to the officers permitting it. The sides and floor of such a tent can never be dry, or the ventilation perfect, unless, perhaps, in cases where an open wood fire with a good draught is maintained. Carbonic acid gas will settle into the bottom of the tents, where the men lie, and typhoid fevers, rheumatism, and catarrh will swell the numbers attending the sick and filling the hospitals. The practice prevents the frequent removal of tents to new grounds, and renders cleanliness impossible. The floor of a tent, somewhat raised above the natural surface, well drained, and previously dried by the burning of brush, presents the opposite conditions for the maintenance of health."

In the matter of clothing, the French army availed itself of the customs of the region they were in, as they had previously done in Africa. From the native Tartars they borrowed the *Criméenne*, an overcoat which proved of great value, some of the features of which might, we think, with great advantage be adopted by our own troops. In fact, it has seemed to us that a great-coat could hardly be contrived which so poorly answers the purpose as that put upon our soldiers. The cape is too small, the cloth is not thick enough—being made single-breasted it gives but a scanty covering for the chest, it is without lining, and does not protect the neck sufficiently. A hood which can be drawn over the head, such as forms a part of the *Caban* hitherto worn by the French soldiers, is a capital thing. We have been struck with the air of comparative comfort presented by a French soldier on guard in a pouring rain, with the hood of his *Caban* drawn over his fatigue cap and about his face, completely sheltering the neck from wind and rain. The *Criméenne*, it seems, is an improvement even upon this. M. Baudens describes it as follows:—

"The *Criméenne* is a long and ample, hooded cloak, with a little cape, and falls to the middle of the leg. The cloth is coarse, but warm, and almost water-proof. Excepting the general officers, who wore an overcoat trimmed with fur, everybody wore the *Criméenne*, and it replaced the African *burnous*, and the *Caban*. It proved very useful, and will perhaps be regularly adopted, as it guards the soldier from diseases acquired so often by passing suddenly from the high

temperature of the guard-room to the cold outside air, in mounting guard at night. The hood shields the head and neck from the cold, the wind and dampness : prevents the engorgement of the glands of the neck, and the bronchitis, to which they are liable from the chill. A preparation of India-rubber would easily render the little cape which covers the shoulders water-proof. This garment would replace with advantage the blanket, which the soldier carries upon his knapsack, and which gives him so ridiculous an appearance. The blanket, so awkwardly perched upon the knapsack, when wet, is very heavy, and dries with difficulty. When dry, it weighs about three pounds and a half. Therefore in summer, in order not to load the shoulders of the men too much, they give them only a half blanket, the other half being kept for the approach of winter. The storage of these blankets is not easy, and the army runs the risk of being deprived of them if their supplies cannot follow them. But the *Crémienne* has none of these inconveniences, is not so heavy, and can be made still lighter, and the knapsack is relieved from the difference in weight."

French soldiers, it seems, do not wear flannel under-shirts, but a belly-band of flannel instead. This, M. Baudens complains, the conscripts did not appreciate the value of, and laid it aside or lost it, to their great injury.

The French surgeons were overtasked very often by the arduous duties imposed on them, and were compelled to extemporize a class of dressers from among the troops who did most efficient service. This hint is too valuable to be lost. In the ranks of the new levy there must be many who will be entirely competent for such duty, and an immense amount of suffering might be spared by training an efficient corps for this service. We quote M. Baudens again.

"It should be remarked that, at times, the medical staff was so much pressed that human endurance and the most zealous activity could not supply the requirements. However numerous, in time of battle or of an epidemic, they proved very inadequate to our wants. When a half day's battle sends to a hundred physicians in the field hospitals six or seven thousand wounded at a time, could they even place so much as a single compress and bandage upon each wound? Much less could they perform upon each the operations indicated by surgery.

"To supply this want there was created, in the Crimea, a class of attendants of subordinate grade, who rendered very important services. Our system of recruiting makes our army the vivid image of our society, and assembles under the flag its manifold elements. Among the convalescents were often found men of education, bachelors of arts, and even lawyers. Some of these returned to their families on sick leave, but we retained those who appeared capable of assisting the physicians. These new duties, by employing their minds, hastened their recovery, and some, becoming fully restored, returned to their corps, to be replaced by others. These useful auxiliaries are called *soldier-dressers*. Scriver, Thomas, and Lustreman, in the Crimea and at Constantinople, were warm in their praises of their promptitude and skill. When the typhus decimated our medical corps, we feared, for a time, that we should be left without physicians, and urged the Minister of War to send some as soon as possible : but he had none at his disposal, and recruiting failed to supply the want.



Thanks to our soldier-dressers, we triumphed over our serious difficulty; but without them, our medical service would have been impeded. These subaltern agents evinced a zeal, aptitude, and intelligence, rarely witnessed except in the French army. They were intrusted with the care of the visiting pass-books, the distribution of the food and the medicines prescribed, the application of simple dressings, poultices, blisters, and similar services. They prepared with great skill the splints for fractures, and even applied, in a faultless manner, under the direction of the chiefs of the service, the dressings of amputated limbs."

Want of space forbids our entering into a full analysis of those parts of M. Baudens's volume which treat especially of his surgical and medical experience in the armies of the East. They are replete with wisdom, and are as valuable as those portions which we have most dwelt upon, which mainly concern the hygienic condition of the soldier. The work is a precious contribution to the literature of military medicine.

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INFANTILE ERYSIPELAS—APPLICATION OF A MIXTURE OF TANNIN, ALCOHOL AND CHLOROFORM—PROMPT RECOVERY.—We know how grave a disease infantile erysipelas usually is; is the erysipelas which is sometimes developed about vaccine vesicles less serious in its character? We are quite disposed to think so. However the case may be, the method employed by M. Loiseau, of Montmartre, and said to have been followed in many cases by excellent results, although as yet it has been tried only in the erysipelas resulting from vaccination, seems to us none the less deserving of being brought to the attention of our readers.

Being called to attend a little girl about a month old, who had been vaccinated a week previously, M. Loiseau found four very large vaccine vesicles, on each arm. The circle of erysipelas which surrounded each vesicle, ran into the next, and thus the whole anterior surface of the arm was covered by it. Her pulse was very frequent, and the agitation extreme; the infant had refused to nurse since morning, and cried incessantly. M. Loiseau applied immediately to the whole of the affected surface a mixture of tannin in brandy, with a small quantity of chloroform. The application was repeated at first at intervals of ten minutes. The child ceased crying almost immediately, took the breast and went to sleep. The application was continued every quarter of an hour, then at intervals of half an hour until night. The child was seen on the following morning; it was calm and had continued to nurse as usual, and the erysipelas had made no further progress.

Undoubtedly one would not presume to say in this case that the erysipelas might not have been self-limited; but we agree with M. Loiseau in regard to it, that the immediate relief to the suffering was very probably due to the treatment.—*Journal de Médecine de Bordeaux* from the *Gazette des Hôpitaux*.

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From an admirable letter on army medical service, published in the *Buffalo Medical and Surgical Journal*, by Dr. Sanford B. Hunt, we take the following extract.

"*Amputations*.—It is universally conceded that amputations on the

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field are far more successful than secondary operations. The soldier does not come off the field horrified and crushed down by unexpected and sudden shock, like the victim of a railroad accident. He has his wits about him, had some notion of being hit, finds it hurt him less than he expected, and so meets the amputating knife with a nervous system capable of enduring further shock. In fact he is usually in a state of exaltation that upholds him during the ordeal. Thus it happens that very high amputations of the thigh, even, have, with proper after treatment, a fair chance of success, if performed early. But when the other course is taken, when the sufferer lies all night on the field, is borne in the morning to an ambulance, jolted over bad roads, and transferred, days afterwards, to a hospital, he has become worn, jaded, incapable of endurance, irritative action has set in and the secondary amputation is fatal.

"The truth of these remarks is an axiom, yet there are a vast number of cases which seem compelled to be exceptions. A bullet strikes the upper third of the femur, buries itself in the bone, perhaps without absolutely fracturing it, and the case becomes one of doubt, justifying delay. So too with wounds of the joints, especially the elbow, which somehow endures disaster better than any other joint. Such cases are those which reach the General Hospital and come under the care of its surgeons. At first, immediately after the Williamsburg battle, the disposition in the various hospitals at Fortress Monroe was to operate. The knife was used with heroic freedom. It would be invidious to specify the surgeons who made that raid upon humanity. A bullet was looked upon as a prize worth any amount of digging for, and some ghastly and even fatal wounds were inflicted by the scalpel in a prolonged search for an unoffending pellet of lead. Amputations seemed particularly attractive, and many a man lost his thigh at the upper third, to die next day and exhibit on the post-mortem a fracture splitting the bone into the acetabulum. It is hardly necessary to say that these were cases in which no operations should have been had. The opportunity for success was lost when the surgeon on the field decided not to amputate, and in the General Hospital it only remained to extract such fragments of bone as could be readily reached, to keep the limb moderately extended, and then give the poor fellow a chance to pass the dangers of tetanus and drag through the perils of an exhausting discharge with its irritative fever, and perhaps its purulent absorption. Truly this is a melancholy choice, but when you know that the patient will die under the knife, it is only fair to let him fight it out with Nature.

"The lesser amputations, however, escaped this criticism, except when hospital gangrene supervened, as it did at the mis-named Hygeia Hospital. The result of the amputation depended on the magnitude of the tissues cut, and in arms or legs the termination was mostly favorable, excepting always hospital gangrene. It was, I believe, only in the Hygeia Hospital that this terrible scourge exhibited itself. That building was formerly a hotel inclosing a court yard, the yard itself bisected by a long two story building, and a mouldy wooden pavement covering the ground and forming a cloaca for dampness and decay. Shaded with trees, gloomy and ill-ventilated, it was no wonder that gangrene showed itself in wards which so far as sanitary police was concerned, were well kept. The fatality from this source became so great—killing off so many of the capital operations—that Medical

Director Cuyler closed the building and had nearly evacuated the premises, when the seven days retreat compelled its re-opening and renewed the gangrene. This hospital was therefore finally abandoned about the last of July.

"The mortality from capital operations should not, however, be attributed altogether to hospital gangrene. It was quite as bad as it could be in other institutions. Some of the distinguished eastern surgeons who volunteered their services, would be troubled now to find one of their patients on this side of the Styx. One such operated largely in Mill Creek Hospital, ligating arteries, resecting bones and amputating. Of all on whom he laid his knife, not one is now alive to tell the tale of heroic surgery. I make this statement with a knowledge of its truth. About this time Brigade Surgeon John W. Hunt, a Western New Yorker, took charge at Mill Creek. Preliminary to other reforms, he carefully locked up the surgical instruments and relied on a pair of scissors and a forceps to treat several hundred wounded. He certainly killed nobody, and when the records of that hospital shall be written up, they will show a triumph of conservative surgery. Not only was the mortality largely decreased, but in hosts of cases the patients were restored with useful limbs. With Surgeon Hunt,—who, I am sorry to say, is not a relative of mine—should rank his able friend, Surgeon McCay, of the Chesapeake Hospital, a mammoth institution, unfavorably constructed and located, but nobly managed. And here let me add that a full breast of the milk of human kindness is a grand essential in an army surgeon. Hunt and McCay were kind-hearted as well as skilful and judicious.

"The result of resections of bones will hardly warrant a more favorable record than I have bestowed on high amputations of the thigh. Possibly in civil practice or in the hospitals, better results might be obtained. They were not successful at Fortress Monroe, and conservative surgeons did not hesitate to condemn their frequent employment.

"In the ligation of arteries, the rules of general surgery seemed strictly applicable. When great arteries are tied, the parts beyond are very apt to die, yet there is far less objection to these ligations than to resections and amputations. A patient is bleeding from a deep-seated branch of the external carotid, death is imminent, and the tying of the common carotid will at least prolong, if it does not save, his life, so that the surgeon can reconcile his conscience with his knife, which, by the way, is a somewhat important, though often neglected, preliminary to any important act in military surgery.

"A word should be said here about the probable proportion of operations to cases. On the field it is large, of course, and I have endeavored to show there is the place where most of the operative surgery should be done. But as cases reached the great hospitals at Fortress Monroe and Newport News, the surgeon not eager to cut, would find that the regimental surgeons had done pretty nearly all that was justifiable, and that nothing was left for him, except a large faith in nature, and a few secondary operations rendered necessary by complications occurring at a later day. They will not average one operation to a hundred cases. It remains to treat the majority *pro re nata*, to apply cerate to the kindly wounds, and water dressings to those inflamed, to watch carefully their cleanliness, to support with wines and tonics under exhausting discharges, to temper irritability with

opium, and to secure for them as good a diet and as pure an air, as circumstances will permit.

"All this does not accord with the picturesque idea of an army surgeon with sleeves rolled up, and up to his ankles in blood; but such pictures belong only to the battle-field, and they are far less common than the lively imagination of 'Sawbones' would paint. To sum up, then, the treatment of gun-shot wounds is practically more simple than it has seemed to our unaccustomed minds. Operations for their relief are most successful upon the field, while in hospitals and under the depressing circumstances that surround them, it is the dictate of a prudent judgment to avoid, so far as possible, the use of the knife, which is in fact unnecessary in nine cases out of ten."

DR. ARMSBY and family, of Albany, returned from Europe by the Arabia. He has resigned as United States Consul at Naples and returns to his profession, and to the Medical College and Hospital with which he has been identified since their foundation.

LOCAL ANÆSTHESIA.—Mr. Fournie recommends for the induction of local anæsthesia, a mixture of equal parts of glacial acetic acid and chloroform. He states that complete insensibility of the part may be obtained in five minutes.—*Phar. Journal*.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, AUGUST 9TH, 1862.

##### DEATHS.

	Males.	Females.	Total.
Deaths during the week, . . . . .	53	46	99
Average Mortality of the corresponding weeks of the ten years, 1851-1861, . . . . .	50.8	49.4	100.22
Average corrected to increased population, . . . . .	..	..	113.19
Deaths of persons above 90, . . . . .	..	1	1

##### Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Varicella.	Dysentery.	Typ. Fev.	Diphtheria.
17	24	0	2	0	0	4	3	0

##### METEOROLOGY.

From Observations taken at the Observatory of Harvard College —For the week ending July 26th.

Mean height of Barometer, . . . . .	29.953	Highest point of Thermometer, . . . . .	76.0
Highest point of Barometer, . . . . .	30.186	Lowest point of Thermometer, . . . . .	51.0
Lowest point of Barometer, . . . . .	29.830	General direction of Wind, . . . . .	W.S.W.
Mean Temperature, . . . . .	63.9	Am't of Rain (inches), . . . . .	1.03

For the week ending July 19:—Mean of barometer, 29.953; highest point of barometer, 30.284; lowest point of barometer, 29.760. Mean of thermometer, 70.8; highest point of thermometer, 83; lowest point of thermometer, 43. General direction of wind, W.S.W. Amount of rain (in inches), 1.90.

RECEIVED.—Cases in Country Practice, No. VI. By Dr. JOHN ELLIS BLAKE, Middletown, Conn.

DIED,—July 30th, at Pilottown, S. W. Pass, Mississippi River, Dr. C. H. Wheelwright, U.S.N., M.M.M.S., aged 49 years.

Resident Fellows of the Massachusetts Medical Society, are notified that they can obtain their numbers of Braithwaite, Part XLV., by calling at this office.

DEATHS IN BOSTON for the week ending Saturday noon, August 9th, 99. Males, 53—Females, 46.—Accidents, 4—apoplexy, 1—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 1—inflammation of the brain, 1—bronchitis, 3—cancer, 2—carbuncle, 1—cholera infantum, 24—consumption, 17—convulsions, 3—cynanche trachealis, 1—diarrhoea, 1—dropsy, 3—dropsy of the head, 8—dysentery, 4—scarlet fever, 2—typhoid fever, 3—disease of the heart, 3—marasmus, 2—measles, 1—old age, 2—peritonitis, 2—pleurisy, 1—premature birth, 2—puerperal disease, 1—disease of the spine, 1—teething, 1—unknown, 2.

Under 5 years of age, 54—between 5 and 20 years, 8—between 20 and 40 years, 16—between 40 and 60 years, 8—above 60 years, 11. Born in the United States, 83—Ireland, 12—other places, 4.

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Rev. James Law, Kingston, Kent.

Aug. 7-26-31cew

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## REFERENCES.

Rev. E. P. Smith, Rev. J. E. B. Jewett,  
Hon. C. W. Bellows, Col. S. P. Shattuck,  
Charles Tarbell, Esq., Hon. A. Hutchinson,

Winslow Lewis, M.D., 75 Boylston st., Boston,  
A. Emerson, Esq., 2 Spring Lane,  
John E. Tyler, M.D., Sup't McLean Asylum,  
July 24, 1862—tf [S. J. Merville.]

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References.—Dr. Walter Channing, Boston; Dr. Oliver Wendell Holmes, Boston; Dr. R. D. Musgrave, Boston; Dr. Henry Bartlett, Roxbury; Dr. Dix Crosby, Hanover, N. H.; Dr. Josiah Crosby, Manchester, N. H.; Dr. Gilman Kimball, Lowell, Mass.; Dr. S. W. Thayer, Burlington, Vt.

June 7-1v

**NOTICE.**—The Subscriber wishes a partner, at N. "The Pearl Hill Retreat," and in the general practice of medicine. For particulars, address

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Further information may be obtained by addressing J. TOWLER, Dean of the Faculty, Geneva, N. Y.

\* R. STONE, M.D., will perform the duties of this department. July 31-1015

**MEDICAL INSTITUTION OF YALE COLLEGE.**—The Course of Lectures for 1862-63 commences on Thursday, September 18th, and continues seventeen weeks.

JONATHAN KNIGHT, M.D., Prof. of Surgery.  
CHARLES HOOKER, M.D., Prof. of Anatomy and Physiology.

WORTHINGTON HOOKER, M.D., Prof. of Theory and Practice of Medicine.

BENJAMIN SILLIMAN, Jr., M.D., Prof. of Chemistry and Pharmacy.

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New Haven, July 28, 1862.—tl [of the Faculty.]

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**RENSSELAER POLYTECHNIC INSTITUTE**, Troy, N. Y.—The thirty-ninth Annual Session of this Institution for instruction in the MATHEMATICAL, PHYSICAL, and NATURAL SCIENCES, will commence on Wednesday, Sept. 17, 1862. Appropriate quarters, and a full supply of apparatus, will be provided, so that all the Courses of Instruction can be given precisely as heretofore. The new buildings for the Institute will be placed on a more commanding site, and be constructed as soon as possible.

The Annual Register, containing full information, can be obtained from

FRED CHARLES DROWNE, Director.  
July 3-3m

**OPHTHALMOSCOPES**—modified from those of AUGUSTAKIS and Jaeger, by JOHN H. DIX, M.D. For sale by CODMAN & SHURTLEFF,  
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# MEDICAL JOURNAL ADVERTISING SHEET.

## BOYLSTON MEDICAL PRIZE QUESTIONS.

—The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following Physicians:

EDW. REYNOLDS, M.D. J. MASON WARREN, M.D.  
JOHN JEFFRIES, M.D. D. H. STORER, M.D.  
S. D. TOWNSEND, M.D. CHAS. G. PUTNAM, M.D.  
J. B. S. JACKSON, M.D. MORRILL WYMAN, M.D.  
HENRY J. BIGELOW, M.D.

At the annual meeting of the Committee on Wednesday, Aug. 6th, a premium of Sixty Dollars, or a Gold Medal of that value, was awarded to FRANCIS MINOT, M.D., of Boston, for the best dissertation on the question:

*On Nausea and Vomiting, as symptoms, under what circumstances do they occur, and what indications do they afford as to the seat and character of disease?*

The following are proposed for 1863:

1. On Trephining the Skull for Injury or Disease.
2. On Leucocythæmia.

Dissertations on these subjects must be transmitted, post paid, to Edward Reynolds, M.D., on or before the First Wednesday of April, 1863.

The author of the best dissertation considered worthy of a prize on either of the subjects proposed for 1863, will be entitled to a premium of Ninety Dollars, or a Gold Medal of that value.

The following questions are proposed for 1864:

1. On the Treatment of Fractures without Splints.
2. The Remittent Fever now prevailing in the U. States Army.

Dissertations on these subjects must be transmitted as above, on or before the First Wednesday in April, 1864.

The author of the best dissertation considered worthy of a Prize for 1864, will be entitled to a premium of Ninety Dollars, or a Gold Medal of that value.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within which shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

The writer of each dissertation is expected to transmit his communication to the Chairman of the Committee, in a legible hand-writing, within the time specified.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained with the sealed packet unopened, if called for within one year after they have been received.

By an order adopted in 1826, the Secretary was directed to publish annually the following votes:

- 1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which premiums may be adjudged.
- 2d. That in case of publication of a successful Dissertation the author be considered as bound to print the above vote in connection therewith.

J. MASON WARREN, Sec'y.

Publishers of Newspapers throughout the country are respectfully requested to notice the above.

Aug. 14—cop3t



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Aug. 14.



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### Faculty.

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JOHN M. CARROCHAN, M.D., Prof. of Clinical and Operative Surgery.

B. I. RAPHAEL, M.D., Prof. of the Principles and Practice of Surgery.

CHARLES A. BUDD, M.D., Prof. of the Theory and Practice of Midwifery.

A. JACOBI, M.D., Prof. of Infantile Pathology and Therapeutics.

E. NORRISGARTH, M.D., Prof. of Clinical Midwifery and Diseases of Women.

J. V. C. SMITH, M.D., Prof. of Anatomy.

WM. F. HOLCOMB, M.D., Prof. of Ophthalmic and Aural Surgery.

SAMUEL R. PERCY, M.D., Prof. of Materia Medica and Therapeutics.

HENRY WOOD, M.D., Prof. of Theory and Practice and Clinical Medicine.

CHARLES A. SEELY, Prof. of Chemistry and Toxicology.

Hon. JOHN H. ANTHON, A.M., Prof. of Medical Jurisprudence.

Prof. of Physiology and Microscopic Anatomy.

JAMES E. STEELE, M.D., Demonstrator of Anatomy and Curator of the Museum.

GEORGE WOOD JEWETT, M.D., Assistant to the Prof. of Midwifery.

WM. BALSER, M.D., Assistant to the Prof. of Infantile Pathology.

F. S. SNEADE, Janitor.

A preliminary term will commence on Monday, Sept. 15th, and continue until the Regular term begins. This course will be GRATIS to those students who intend taking a full winter Course, and will be as follows:—

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“Gun-shot Wounds, by Prof. RAPHAEL.

“Pregnancy, by Prof. BUDD.

“Anatomy and Physiology of the New Born, by Prof. JACOBI.

“Bandaging, by Prof. HOLCOMB.

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PROF. B. I. RAPHAEL, M.D.,

Dean of the Faculty, 91 Ninth Street.

\* Prof. Browne, having received the appointment of Brigade Surgeon, has resigned the chair of Physiology. The chair is now vacant, but will be filled before the commencement of the Course.

Aug. 14—

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THE

## BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY

SAMUEL L. ABBOT, M.D.

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 Whole No. 1799.] Thursday, August 21, 1862. [Vol. LXVII. No. 3.
 

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## HARVARD UNIVERSITY. MASSACHUSETTS MEDICAL COLLEGE.

THE annual course of Medical Lectures of Harvard University will commence at the Massachusetts Medical College, in North Grove st., Boston, on the first Wednesday of November, 1862. The regular course will be as follows:—

Obstetrics and Med. Jurisprudence by Professor D. HUMPHREYS STORER, M.D.	
Morbid Anatomy by . . . . .	JOHN B. S. JACKSON, M.D.
Clinical Medicine by . . . . .	HENRY I. BOWDITCH, M.D.
Anatomy and Physiology by . . . . .	OLIVER W. HOLMES, M.D.
Theory and Practice of Medicine by . . . . .	GEORGE C. SHATTUCK, M.D.
Surgery by . . . . .	HENRY J. BIGELOW, M.D.
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Materia Medica by . . . . .	EDWARD H. CLARKE, M.D.

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D. HUMPHREYS STORER, *Dean of the Faculty,*

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Aloetic,	4	Proto-Iodide of Iron,	1
Assafœtida,	4	Lactate of Iron,	1
Aloes and Assafœtida,	4	Sulphate of Quinine,	1 & 2
Dinner, Lady Webster's,	3	Valerianate of Quinine,	1
Compound Calomel, Plummer's,	3	" of Zinc,	1
" " "	1½	" of Iron,	1
Blue Pills,	3	Citrate of Iron and Quinine,	2
Opium Pills,	1	" of Iron,	2
Calomel Pills,	2	Willow Charcoal,	2
Opium et Acet. Plumb., each	1	Diascordium,	2
Extract of Rhatany,	2	Anderson's Antibilious & Purgative,	2
Compound Rhubarb,	3	Extract of Gentian,	2
Compound Colocynth,	3	Iodide of Potassium,	2
Compound Squills,	4	Calcined Magnesia,	2
Dover Powders,	3	Rhubarb,	2
Carbonate Iron, Vallett's formula.		Ergot Powder, covered with sugar	
Carbonate of Manganese and Iron.		as soon as pulverized,	2
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Lupuline,	gr. ½	Extract Rad. Aconite,	gr. ½
Extract Nux Vomica,	½	Emetine,	½
Veratrine,	1-24	Iodide Mercury,	½
Sulphate of Morphine,	1-8	Valerianate Morphine,	1-8
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THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. LXVII.

THURSDAY, AUGUST 21, 1862.

No. 3.

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CASES IN COUNTRY PRACTICE.

By JOHN ELLIS BLAKE, M.D., OF MIDDLETOWN, CONN.

[Communicated for the Boston Medical and Surgical Journal.]

No. VI.—NON-PEDUNCULATED FIBROID TUMOR OF THE UTERUS.

JULY 10th, 1861, I was called to a neighboring town to see, in consultation, Mrs. —, aged about 36. She had, I was informed by her attending physician, a large tumor of the uterus, which had been extruded so as to present in the vagina. The process of expulsion had been accompanied with severe pains, resembling the regular throes of a natural labor. The hemorrhage had been free, but the patient (who was a large and robust woman) did not seem to be very much prostrated by it. Many attempts had been made, I was informed, to get a ligature over the tumor for the purpose of strangling it, but all had failed. On examination, nothing like a pedicle could be felt, but the part of the tumor within the womb seemed fully as large as the extruded part, and the thin edge of the os uteri could be felt upon it. I made up my mind that I had to deal with a tumor starting from a broad base from the uterine wall, and that it would be quite difficult, from its size and shape, to ligate it. I endeavored, however, to do this, but could not succeed. After consultation, it was decided that I should attempt its removal by cutting, and that this should be done cautiously on account of the danger of hæmorrhage. The tumor being drawn downwards with claw forceps, I removed a portion the size of an English walnut. This was followed by some little bleeding. A repetition, however, of the attempt, by which a piece about twice the size of the first was cut away, gave rise to a most alarming hæmorrhage. For twenty minutes every appliance that we could bring to bear—as ice, tampons wet with liq. ferri. persulph., &c. &c.—was of little avail in checking the bleeding, which was at length stopped by the tampons, firmly pressed in the vagina, and maintained there by a bandage between the limbs, attached behind and before to a “binder,” around the body.

VOL. LXVII.—No. 3

The portions of the tumor removed, had a rather suspicious appearance. Showing in section of a bluish white color, and cutting with a creaking sound, I feared lest the tumor might prove to be malignant. The microscope, however, showed nothing that might not be expected in the common fibrous tumor, and nothing more was found in a section of it which Dr. C. Ellis, of Boston, was kind enough to examine for me.

The tampons were removed, as soon as it could be done with safety. About ten days or a fortnight afterwards, at the urgent solicitation of the patient, renewed attempts were made to effect the ligature of the tumor, but unsuccessfully.

On consultation, it was then decided that the risk of bleeding should be taken, and that the mass should be removed. I effected this with a pair of stout curved scissors, using the left hand as a director, the tumor being cut out piecemeal. The several portions united, measure about twelve inches in circumference now, and the whole mass before contraction, and with its fluids, was larger than this. The operation was easily done, save where it was necessary to work within the os uteri, as some little care was here required to avoid injury. This time there *was but little bleeding*. I account for this in this way. In the London *Lancet*, March 16th, 1861, Dr. J. Baker Brown relates several cases, where uterine non-pedunculated tumors of the fibroid variety were successfully treated by cutting into them, and gouging out a portion of their substance. To do this the more readily, Mr. Philip Harper has invented a set of gouges which remove *cores* of different sizes. It is claimed that by repeating this coring process, the vitality of these growths is destroyed, and that they become absorbed. Now if this idea of Dr. Brown's be correct, why may we not suppose that, in the case just related, the removal of portions of the mass by the first operation did destroy its life in a measure, cause contraction, and almost put an end to its vascularity? If this result can be depended upon, there will be an end to the clumsy unsurgical operation by ligature; tedious, and not wholly free from danger. The first step will be to remove a core from the tumor, the second to extirpate it by the knife or scissors without further delay. Time and well-devised experiments will perhaps show this to be the best way.

In conclusion, I would say that the patient recovered without a bad symptom, and is now about, a healthy woman.

---

#### A FAMILY MADE SICK BY VEAL SOUP AND CUSTARD PIE.

By B. F. TAFT, M.D., BLACKSTONE, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

On the 28th of July ult., Dr. Wilder, of Blackstone, Mass., was called about 8 o'clock, P.M., to visit a family consisting of the father, mother, five daughters and one son, the youngest being 16 years

old. They lived on a farm in a healthy location, and had been in good health previously. Their dinner on the day mentioned consisted of veal soup, bread and butter, and custard pie. They all ate of the soup and pie except two of the daughters; one of whom ate soup, and bread and butter, but no pie, the other ate bread and butter and pie, but no soup. They felt nothing unusual until about 6 o'clock, when they sat down to supper, and the father was seized, while at table, with violent vomiting, and shortly after commenced purging. The mother and three of the daughters were soon taken in a similar way. The son went for Dr. Wilder, and while in his office he complained of feeling sick at the stomach, and the doctor gave him a dose of tr. opii. camph. and tr. rhei., when the sickness and pain subsided, but he had several evacuations from the bowels. On arriving at the house, Dr. Wilder found the five above-mentioned vomiting and purging, the parents being the most violently affected, there being some blood in the discharges, the extremities cold, and the pulse being hardly perceptible at the wrist. They complained of severe griping pains about the region of the stomach. Dr. W. gave them brandy and laudanum, but the vomiting and pain continuing, he gave ginger tea and paregoric, and afterwards a pill of opium, camphor and calomel. They did not seem to improve, and at midnight, being a partner of Dr. Wilder's, I was called, and upon consultation it was agreed to give an anodyne composed of chloroform half a tea spoonful, camphor ten grains, morphine one fourth of a grain, with a view to arrest the pain and vomiting. To the father, whose pulse was still weak, and the extremities cold, cayenne pepper tea was given in small quantities, and a sinapism was applied over the stomach. About 1 o'clock they all felt easier, and a little before 2 a smaller dose of the above mixture was given to such as were not quite easy. At 3 o'clock all the patients were in the realms of Morpheus. At 6 o'clock, A.M., of the 29th, the physicians left, ordering the patients to take each a table-spoonful of Epsom salts, and if they were thrown up to take a similar dose an hour after, and to repeat it hourly until a dose was retained. None of the family vomited except the father, and he did not take a second dose of the salts; he had several discharges from the bowels, and continued to vomit occasionally through the day.

On the evening of the 29th, I visited the family again and found them all improving, except the father, whose worst symptom was the vomiting; his pulse was full and strong, 100 beats per minute. A sinapism eight by ten was applied over the stomach, and after it had been on half an hour one half of a Seidlitz powder was given, which was retained. In applying the sinapism, the patient called my attention to his umbilicus, where a rupture was discovered the size of a large grape, which was easily reduced and a compress and roller were applied. In one hour from the time when the first half Seidlitz powder was given, the other half was given and retained. The patient slept very well all night, vomited a few times on the

30th, but had no discharges from the bowels. On the 31st, I was again called about 4 o'clock, P.M., the patient thinking he needed something to act on the bowels. He was ordered to take a Seidlitz powder, and if there were no discharges by 9 o'clock, P.M., he was to take three of the compound cathartic pills, of the U. S. Dispensatory, which produced the desired effect. He recovered without further treatment, as did the rest of the family.

It would seem that the vomiting and purging in these cases was caused by eating the soup and pie together; as the girl who ate soup without pie, and the one who ate pie, bread and butter but no soup, were not at all affected.

#### ON THE TREATMENT OF SUSPENDED ANIMATION UNDER THE INFLUENCE OF CHLOROFORM.

BY WILLIAM MARCET, M.D., F.R.S., ASSISTANT-PHYSICIAN TO THE WESTMINSTER HOSPITAL, ETC., ETC.

IN the *Medical Times and Gazette* for July 20, I offered a few remarks on the phenomena attending the accumulation of vapors of chloroform in the blood, and insisted on the importance of watching the state of the respiration as well as that of the pulse during the exhibition of this anæsthetic agent. The number for October 28, of the same periodical, containing two new cases of death from chloroform, I may be perhaps allowed to return to this subject, my present object being to suggest a mode of treatment in these cases which to my knowledge has not yet been proposed; and considering the failure which has nearly constantly attended every attempt to restore animation suspended by an overdose or under the influence of chloroform, the following suggestions will be most probably of interest, and also, I trust, of practical utility.

It has frequently occurred to me that, in many instances, the final cause of death from chloroform was owing, not only to its anæsthetic properties, but also partly to spasm of the glottis. I do not mean, however, that the passage of the vapor of chloroform through the glottis and larynx has the power of causing an involuntary closure of the glottis; and I cannot agree with Dr. Black, of St. Bartholomew's Hospital, who states, "Any concentration of the vapor of chloroform which can be breathed is safe; any condition of dilution which causes the patient to cough or hold his breath is dangerous, and if persevered in for half a minute, may be fatal." I believe a spasmodic closure of the glottis to take place occasionally from the action of the chloroform which has been absorbed into the blood, and that this obstacle to the admission of air into the lungs, taken in connection with the narcotic or anæsthetic effect of the chloroform circulating in the blood, has been in some, perhaps many, cases the actual cause of death. Should this view be correct, it will follow that if air be allowed to enter the lungs by means of tracheotomy, or by opening the glottis with a trachea-tube, or any other

operation which will effect the same purpose, life will in such cases be saved.

It may be inferred that spasm of the glottis takes place occasionally under the influence of chloroform.

1st. Because several substances possessing anæsthetic properties are positively known, when present in the blood, to have given rise to closure of the glottis.

2nd. Because the symptoms of death from chloroform are consistent, more or less, with death from sudden asphyxia.

3rd. Because the post-mortem appearances after death from chloroform may be accounted for by assuming that death has taken place from asphyxia.

In the three following cases, spasmodic closure of the glottis resulted from the presence of alcohol, carbonic acid and sulphuretted hydrogen in the blood, the physiological properties of these three substances being allied to a certain extent to those of chloroform; and in two of the instances under our consideration, life was obviously saved by tracheotomy.

A very interesting case is reported in the volume of the *Medico-Chirurgical Transactions* for 1837, entitled, "Case of Recovery from the Insensibility of Intoxication by the Performance of Tracheotomy. By George Sampson, Esq." The patient, aged 31, was brought to Mr. Sampson's house in a state of complete insensibility after drinking freely of beer, and more than a pint of brandy; all voluntary motions had ceased for at least four hours. The stomach-pump being used, drew off between three and four pints of fluid, the greater part of which appeared to consist of brandy. Every means of exciting vomiting was afterwards vainly applied; the man became more comatose, his countenance turgid, and breathing more and more difficult; the pulse grew fainter, and was at last scarcely perceptible. He was then removed to the Infirmary, and a consultation was held with the other medical attendants, who arrived in the course of half an hour; at that time every appearance indicated the rapid approach of death, and there was no ground to justify a reasonable hope of recovery. It occurred to Mr. Sampson when standing by the patient's bed-side that the extreme difficulty of respiration was owing to the existence of "collapse of the glottis," and with this view of the case, he strongly urged that a trial should be given to the operation of tracheotomy. The operation was accordingly performed, without loss of time, by Mr. Andrews. The trachea was no sooner opened, than the distension of the veins about the head and neck subsided, the violent efforts of the respiratory muscles ceased, and in about half an hour regular and easy respiration through the wound was freely established. At the same time the pupils became slightly sensible to the stimulus of light, and the pulse returned to the wrist. He continued quiet during the night, but had no return of consciousness till the following morning. The case proceeded very satisfactorily, and the wound being healed in about three weeks, the patient was discharged cured.

This case is particularly interesting, for the analogy between the physiological action of alcohol and chloroform has been quite satisfactorily demonstrated by Messrs. Lallemand, Perrin, and Duroy. Like alcohol, chloroform acts first on the brain, then on the spinal system, and finally on the sympathetic; the brain exerts a certain power of concentrating within its tissue both chloroform and alcohol; the period of excitement produced by chloroform, is not unlike that of alcoholic intoxication; and insensibility equally results when a sufficient dose of alcohol or chloroform has penetrated into the circulation.

If alcoholic poisoning is positively shown to have threatened life from asphyxia owing to spasm of the glottis, I see no reason why death from chloroform should not be due occasionally to the same phenomenon.

The two other cases I have to report have come under my own observation. One of them was an instance of secondary asphyxia, from spasm of the glottis, after immersion in the Serpentine during the skating season. The patient, a middle-aged man, had been entirely under water, but on being taken out, respiration returned, and continued comparatively free until placed in a warm bath, when he suddenly exhibited alarming signs of asphyxia, obviously from spasmodic closure of the glottis. A few minutes later the patient was removed to a bed, when several similar attacks occurred, one of them still more severe than the first. He recovered in the course of some hours.

This is an instance of spasm of the glottis produced by an accumulation of carbonic acid in the circulation. The gas in question possesses anæsthetic properties, and is so far allied to chloroform.

The third case is one of equal interest, although the subject of the observation was a dog. About two years ago, when engaged in injecting an aqueous solution of sulphuretted hydrogen into the external jugular vein of a dog, I observed that the animal's respiration, instead of becoming somewhat deeper, as usually happens during this operation, began to fail, and shortly afterwards ceased, without there being the slightest struggle or apparent symptom of asphyxia from the closure of the glottis. I immediately prepared to have recourse to artificial respiration by means of an instrument I have invented for that purpose. In order to insert a tube into the trachea, I incised this organ, when immediately, to my surprise, the animal commenced breathing through the opening. After a few minutes free respiration and sensibility returned, and the animal recovered perfectly. It is obvious that, in the present instance, the respiration had been arrested by closure of the glottis, and the animal was dying from asphyxia; had not tracheotomy been performed, the dog would certainly have died with every symptom of syncope. This case, which I report from memory, was witnessed by many of the pupils of the Westminster Hospital. It shows two interesting facts:

1st. That the presence of an excessive quantity of sulphuretted hydrogen in the blood may cause death from spasm of the glottis; and, 2nd. That on those occasions death takes place without the struggles or convulsions so peculiar to impeded respiration. Consequently, in cases of death from chloroform, the absence of convulsions is no proof that there exists no mechanical obstacle to the free admission of air into the lungs.

The symptoms of death by chloroform are consistent with those of asphyxia. Dr. Snow's book contains a very interesting case of death from chloroform, with symptoms of asphyxia, which was communicated by Dr. Solly to the *Medical Gazette*. This case (No. 12) bears directly on the subject of the present communication. The patient, a porter, aged 48, and apparently in perfect general health, was submitted to chloroform for the removal of a toe-nail. The anæsthetic vapors were administered by means of an inhaler; after the operation had been performed, and being still insensible, the patient's face became dark, his pulse small, quick, but regular, respiration laborious; his neckerchief was removed and chest exposed to fresh air from a window near to the bed, cold water was dashed on his face, the chest rubbed, and ammonia applied to the nose. After struggling for about a minute, he became still, the skin cold, pulse scarcely perceptible, and soon ceased to be felt at the wrist. Immediately on the appearance of these symptoms artificial respiration was commenced by depressing the ribs with the hands and allowing them to rise again, until the proper apparatus was brought, when respiration was kept up by means of the trachea-tube and bellows, and oxygen gas introduced into the lungs by the same means. Galvanism was also applied, but to no purpose.

Dr. Snow considers there is some obscurity about the above narrative, which I have given as nearly as possible in the same words as those used in the report; in his opinion the symptoms exhibited would be inconsistent with death from chloroform. It appears to me, however, that this is clearly a case of asphyxia from spasm of the glottis under the influence of chloroform, and I cannot help believing that had treacheotomy been performed at the time when artificial respiration was commenced, the patient would have been saved. If most cases of death from chloroform are not attended with evident signs of asphyxia, still this is no argument in favor of the absence of spasm of the glottis, for it must be remembered that poisoning by chloroform is a complex phenomenon which results from excessive anæsthesia producing a tendency to paralysis of the muscles, and an action on the heart predisposing to death by cardiac syncope; any spasmodic closure of the glottis occurring under these circumstances would, it may be anticipated, cause sudden death without the recurrence of convulsions, or struggles for breath.

The post-mortem appearances in cases of death from chloroform

do not preclude the idea of death from asphyxia; indeed in cardiac syncope, which is according to Dr. Snow the fatal termination of poisoning by chloroform,—“If the blood have not been displaced by artificial respiration or other causes, the right cavities of the heart and the adjoining great veins will be found filled with blood and the lungs will in many cases be more or less congested. The appearances, in short, will be very much the same as in asphyxia by privation of air which ends in a kind of cardiac syncope.” Nothing can be more in favor of the view I am advocating. It must be well understood that I do not consider every case of fatal poisoning by chloroform as owing to spasm of the glottis, and there is every reason to believe that in some instances death takes place from paralysis of the muscles of respiration, in others from cardiac syncope, or from a simultaneous occurrence of both these effects.

If it be admitted that death from chloroform be occasionally owing to spasm of the glottis, then the importance of performing tracheotomy in these cases, and adopting some means of allowing air to enter freely through the wound, will be readily understood. It must be remembered that the cases on record of recovery from suspended animation owing to an overdose of chloroform are very few, and, as a rule, it may be considered that, after the respiration has ceased, and the pulse become hardly perceptible at the wrist, death is inevitable. Under these circumstances, any means apparently available should be adopted. The operation of tracheotomy ought to be performed as soon as possible after the respiration has stopped, and the patient assumed that livid countenance known in these cases to precede death: the loss of every second diminishes the chance of saving life. Artificial respiration, if possible, must however not be neglected, and should be carried on before, during, and, if necessary, after the operation of tracheotomy has been performed. Artificial respiration is of great importance in connexion with death from chloroform, and I am at present busily engaged inquiring into this subject.—*Medical Times and Gazette.*

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#### THE MANŒUVRES OF THE SANITARY DEPARTMENT OF THE SWISS ARMY.

As far as I am aware, the organization of the Sanitary Department of the Swiss army is totally unknown abroad, and as it possesses many interesting and instructive peculiarities, I will to-day send you a short account of it; and, I believe, the best way to do this will be to report to you the doings of one of the last “sanitary courses,” which are held every six months, and which I have personally witnessed.

A number of Medical men, sick attendants and commissaries of ambulances were assembled in Zurich. The Staff-Surgeon first gave



them instruction in the organization of foreign armies as well as of the Swiss forces, and the execution of the sanitary measures necessary for the efficiency of the service, the ambulances and Hospitals, the general administration, the keeping of accounts, &c. They were then shown the whole material necessary for the sanitary arrangements, and had to practise its application, unpacking and re-packing. Especial attention was called to the transport of the sick and wounded by rail and other means of locomotion, regard being had to the experience gained in the last wars. Manœuvres were then made under the command of the chief Staff-Surgeon of the Swiss army. A sham fight by the artillery and the infantry took place for the forcing the passage of a river, and thirty soldiers were left wounded along the banks, ticketed with cards stating the kind and locality of the wounds. This was done in order to test the efficiency of those attendants whose special duty is the search for, and the transport of, the wounded.

At a certain distance from the line of battle, on both wings of the force, the surgeons set up in order to dress the wounded; all necessities, straw, water, &c., being provided in abundance. A certain number of attendants and their helpers then advanced to the field of battle, searched for the wounded, made a rough preliminary dressing, and then transported them on suitable carriages to the Surgeons' tents where the real dressing was done, as simply as possible. Dressings with triangular towels were used for the wounds of the upper extremities, of the head and the feet, and for a large proportion of the wounds of the thigh. For fractures, different forms of single and double splints were employed, and the several methods of applying the gypsum bandage were practised—gypsum being always at hand in the Swiss ambulances. Capsules which are moulded for enclosing the whole extremity, and are only open at the top, will also be shortly introduced. This is of great importance, as they are superior to any other contrivance for the transport of the wounded. For limiting the use of the tourniquet as much as possible, the attendants and their helpers are practised in digital compression of the principal arteries, the experience of the Russian and English armies during the war in the Crimea having fully shown that this is far preferable to the use of the tourniquet. In the Italian campaign of 1859, therefore, scarcely any tourniquets were used; and even when amputations were made, digital compression was exclusively employed.

At a suitable place an ambulance was put up, and with the greatest rapidity a tent, which afforded room for about twenty wounded persons, was struck, and a transport waggon mounted. The attendants then unpacked the material, prepared beds in the tent, and a field-kitchen, according to the French system, in its neighborhood; in from fifteen to twenty minutes the flag waved from the tent as a signal that all was ready for the reception of the wounded. The chief of the ambulance assigned their proper places to every Sur-

geon and attendant, &c. A waggon, drawn by a horse, was sent to fetch the wounded from the Surgeon's tents on the wings of the force; such wounded persons as were still able to walk, followed the waggon on foot. They were then taken to the operating tables; the wounds were closely examined, the necessary operations made, and durable dressings put on; everything being done "*tuto, cito et jucunde*." The commissary of the ambulance meanwhile distributed the material and made the necessary entries, while the waggon continually brought fresh supplies of wounded.

In the meantime another party had formed a suitable lazaret in a house and shed in a neighboring village, to which, in order to prevent a crowding of the ambulances, the wounded were from time to time transported, and there properly cared for. These proceedings were continued until all the wounded had been brought in, after which, the ambulances were cleaned and repacked, and the tent raised.

By these exercises the sanitary field service was practised in its whole extent, and the connexion and the mutual action of all its parts clearly shown. In order to afford a better view of the whole and to avoid loss of time, the several stations for rendering aid were situated much nearer to each other than would be the case in real warfare.

I must not omit mentioning that we have no special sanitary troops, as is the case in some foreign armies, since the number of combatants would be thereby too much diminished; but the sick-attendants form the nucleus of the sanitary troops, and if these do not prove sufficient, assistants are taken from the ranks. The attendants therefore are both soldiers and nurses, and these exercises, by making them acquainted with all improvements introduced in the sanitary arrangements, render them more efficient than elsewhere. I have seen the sanitary service of the French armies during the whole of the Italian campaign of 1859; and in comparing with it the Swiss, I cannot speak too highly of the zeal and efficiency of the latter.

Two such sanitary courses as just described are held every year, —one for our Eastern, the other for the Western forces, and in each two or three sham dressings and nursings of wounded take place, and always under varied circumstances. By their means the commissaries' attendants and their assistants are made practically acquainted with the details of the service and their respective duties, and such young medical men who have only seen civil practice have the opportunity of learning the difference between this and military surgery. The circumstance that every medical man in Switzerland is, at the same time, civil and military physician, has perhaps some drawbacks, but I think the preceding lines have shown that it is also not devoid of advantages.—*Correspondence of Med. Times and Gazette.*

**Bibliographical Notices.**

*Quinine as a Prophylactic or Protective from Miasmatic Poisoning, a Preventive of Paroxysms of Miasmatic Diseases, together with some Remarks upon its use in the treatment of developed Miasmatic Diseases.* By STEPHEN ROGERS, M.D., U. S. A., formerly Assistant Physician to the Island Hospital, New York, and Surgeon to Panama Railroad Company; Licentiate of the Royal University of Havana, Cuba, &c., Surgeon of the 7th Regt. N. Y. 8vo. pp. 24.

THE present season, and the present position of our armies, give special interest to anything on the subject of malaria, and the means of checking its poisonous influence upon our troops. Quinine has been administered blindly in the most wholesale manner, and very certainly, in many instances, with decidedly pernicious effect. Unquestionably it is an agent capable of doing immense good if administered understandingly, but equally capable of mischief if given hap-hazard and ignorantly. Many of the medical men in the army are having their first experience in its use as an antidote to malaria, and really do not understand how and when to give it, except when positive symptoms of infection manifest themselves. Its use affords a grand opportunity for those gentlemen who wish to rise above mere routine practice, to study the precise nature of its power under different modes of administration, and to lay down definite rules when and how it should be given with the most likelihood of success as a preventive of malarious disease.

The little pamphlet of Dr. Rogers is a valuable contribution to our knowledge on this subject. Speaking, as he does, from personal experience, we are prepared to accept his statements with special respect. He states that for four years he was constantly inhaling the noxious atmosphere of the miasmatic localities of the isthmus of Panama, and did not suffer a single attack of malarious disease; an immunity which he attributes entirely to the use of quinine. The author gives to the fever which, under the name of remittent, bilious remittent, acclimating fever, &c., attacks the unacclimated in the tropical regions of the world or the miasmatic localities of our own country, the name of "First Miasmatic Fever." He says of it that

"The law relating to this fever is similar to, or identical with that observed by yellow fever, in localities where it is an annual endemic, viz., the longer one resides, under any circumstances, in the locality where it is suffered, the less liable he becomes to its attacks.

"A species of toleration of the surrounding influences is acquired, lessening the impression of the poison upon the sensorium; so that after more or less time, aided perhaps by a depression of the powers of life and consequent want of vital force to sustain a violent contest, the intense and destructive character of the fever ceases to occur, except in the rare cases just alluded to."

The time necessary to secure this acclimating process, without passing through the ordeal of the disease, the author says, without hesitation, is secured by the proper employment of quinine. Such acclimation may occur without its use in certain cases; he feels confident it will in all, if this drug is taken in the right way. In all cases, the longer the attack is postponed the milder it invariably is, but quinine may prevent it altogether. The dose to be given to secure this result is an important question, and the author's experiments have led him to the conclusion that "doses too small to produce a sensible and de-

cided impression upon the nervous system, are not to be depended upon." The rule he adopted, therefore, was to give it daily to exposed persons, in a dose sufficient to cause an evident impression, to be repeated when the impression begins to subside. Four grains administered once in twelve hours, were usually enough, and in some cases three answered the purpose, while others required still more. The dose was regulated by the effect.

But the question arises how long must the drug be taken to secure a permanent protection. Few persons are willing to be dosing forever while living in a malarious district—when shall the medicine be stopped? Ordinarily our author would limit its use to thirty days, on the principle which he has laid down, that after a somewhat prolonged residence in such a locality, malarious disease, if it come at all, is sure to be of a mild type. The author sums up his experience, therefore, in the following rule:—

"The rule then for all cases is, when men are about to be exposed to miasm, give them from three to five grains—according to known effect—before exposure, and repeat the dose once in *twelve* hours, during the whole period of exposure, up to about thirty days in the *permanent* resident; extending it even to sixty days in the *transient* resident, where there are peculiar reasons for desiring to avoid subsequent miasmatic disease; not forgetting that cases often occur, wherein it will be necessary to repeat the dose once in *eight* hours to keep up the required *quinine effect*, which is our only certain guide, and is to be carefully watched and maintained in all cases.

"Another rule is, no quinine is required after exposure ceases."

In the subsequent chapters of his interesting paper, the author considers the subjects of the prevention of the disease in those who have become infected by the malarious poison, and the cure of the fully declared disease. He concludes with the following summary of deductions:—

"First—When men are to be sent into miasmatic localities, either from ships or from land forces, a dose of quinine sufficiently large to produce some appreciable evidence of its action, should be taken by every one before entering such locality, and should be repeated once in twelve, and in some cases once in eight hours (which it will be the physician's duty to ascertain and prepare for), during the time spent there.

"Second—That the removal from a miasmatic atmosphere for any twelve hours, and especially during a night, is quite equivalent as a protective, to one dose of quinine; it may be much more economical, and, when practicable, is by far the most desirable protective measure.

"Third—That in all cases where this measure can be daily practised, it will unquestionably preserve the susceptibilities of the brain to the action of the medicine, for an indefinite and probably long period, and will thus serve indirectly as a most efficient protective.

"Fourth—That officers and chiefs in command, should by all means avail themselves of the advantages to be derived from such intermissions in exposure, and thereby maintain their susceptibility to the quinine more or less unimpaired. By so doing, the loss of their important services would be rendered much less liable, and the consequent embarrassment to operations would almost surely be avoided.

"Fifth—That when continuous exposure is inevitable, there is no safety in attempting to protect from infection by the use of quinine, for a longer time than two months, and as a general rule, it is not advisable for longer than one month.

"Sixth—That ceasing its administration at this period, by the time the infection takes place, and the premonitions appear, the susceptibilities to the medicine will have become so restored that it will be practicable generally to prevent the paroxysms for long periods of time.

"Seventh—That as quinine is a stimulant, with specific action in all conditions

of depression or exhaustion from miasmatic poison and miasmatic disease, it is indicated in all cases, irrespective of the state of the skin, when the unaided powers of life are likely to be unable to restore to healthy action within the time required to avoid a renewed attack, and also when there may be danger that the vital forces will be overwhelmed by the poison in the onset of the disease, and that when so indicated, it should be promptly and efficiently employed, either by the stomach or rectum, as the case may demand.

"Eighth—That by an observance of these rules, and by avoiding the causes of other diseases, most men of even ordinary constitutions can be kept in miasmatic localities for years, in an efficient state of health."

This little pamphlet is well-timed and instructive; we hope the author's views may be sustained by the experience of those whose duty calls them now to the poisonous districts of our Central and Southern States.

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*Hints and Observations on Military Hygiene; with the best means of treating the Medical and Surgical Diseases of the Army.* By LAURENCE TURNBULL, M.D., one of the Surgeons of the Howard Hospital. Reprinted from the *Medical and Surgical Reporter*. Philadelphia, 1862. Pamph., large 8vo., pp. 62.

THIS is a condensed, practical treatise on the principal topics indicated in its title, which are likely to engage the attention of the military surgeon of the present day. The author has brought together the results of the experience of the best European and American authorities, and the flexible covered pamphlet which is the product is a very convenient, and likely to be a very useful companion to our Surgeons in the field. It is eminently practical.

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*Amputation of the Cervix Uteri.—A paper read before the New York Academy of Medicine, April 16th, 1862.* By A. K. GARDNER, M.D. Reprinted from the *Bulletin of the New York Academy of Medicine*. 8vo., pamph., pp. 16.

THIS is the history of a case of extraordinary hypertrophy of the neck of the uterus, causing great prolapsus, so that the os protruded an inch or more beyond the vulva. The enlarged portion was removed by Dr. Gardner with scissors, the operation being gradually performed, the hæmorrhage being arrested by twisting or compression as each vessel was severed. The portion removed weighed four ounces and one hundred and sixty grains. The patient recovered. The dangers to be encountered, and avoided, if possible, in doing this heroic operation, are fully discussed by the author, and the whole history is a very interesting one. The pamphlet concludes with an interesting account of the previous puerperal history of the patient by Dr. Shelton, of Jamaica, L. I., which is, however, not altogether written in the best taste.

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*The Domain of Medical Police. Abstract of a paper read before the New York Sanitary Association, Feb. 6th, 1862.* By LOUIS ELSBERG, A.M., M.D.

THIS is an outline or sketch of the general subject of the public health, and those particular influences, public and private, which are more or less operative against it in every community: with some suggestions for their removal, and some discussion of the question how far the authority of the law may interfere in certain cases.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON: THURSDAY, AUGUST 21, 1862.
 

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**SURGEONS FOR THE NEW LEVY.**—The sudden call to arms of six hundred thousand men brings with it a demand for the services of the medical profession, which it needs all the stimulus of patriotism to meet. Six hundred thousand men will, under the present laws, require eighteen hundred medical men to fill the offices of regimental and assistant surgeons. The fact is somewhat startling to contemplate, and it is important that our brethren should be preparing their minds for the responsibility which it implies. In this State alone over a hundred surgeons will be required to fill the offices in the new regiments. We may well ask, where are so many fit men to be found? As a general rule, thus far Massachusetts has done well in its appointments on the medical staff. A careful preliminary examination has had the effect of sifting out very thoroughly the chaff from the wheat, and the urgent need of the time has called into the field some of the best men of the profession. We sincerely hope that the same care will be exercised now, and that the exigency of the moment will not lead to the appointment of men unworthy of the place. Above all, there should be no favoritism; no commissions given on personal grounds alone. Such appointments are more than likely to fall upon those who could get them in no other way, and who are therefore the last persons who should have them. Of course it must be a matter of extreme difficulty to find so many men as are wanted who are practically familiar with the most important operations of surgery. This is a serious evil, as novices are only too ready to signalize themselves by daring operations. An extract which we printed last week fully confirms this statement. Operative surgery in reality, as the experience of the past year has proved, constitutes the smallest part of the duty of an army surgeon; his chief duty is to treat disease, and dress rather than make wounds. Such being the fact, there are hundreds of men in Massachusetts competent at this moment to assume the responsibilities which belong to the office. There will always be some among those who obtain appointments, whose special tastes and previous experience fit them particularly for the graver operations likely to be necessary. This fact must come out in the course of their examination, or through the personal knowledge of the State medical commission, and upon such men the duty should be put. The mind shudders at the thought of an amputation taking *an hour and a half* in its accomplishment, commenced by the flap operation and ending by circular incision, such as we are credibly informed has, at least in one instance, within a year, been done by the bungling hands of a novice, whose official position should have been no warrant for such an outrage. As the post of brigade-surgeon has been recently abolished, we know of no way, unless it be through the medical director of a division, by which the responsibility of doing capital operations may be assigned by any medical officer above the rank of regimental surgeon to the men especially fit. If such authority does exist, we sincerely hope it may be exercised without any undue delicacy. We

trust that the spirit which leads so many of our brethren to give up their practice at home, to incur the dangers and the labors of military life, will lead them to abstain from making their position an excuse for undertaking what they ought not to perform, if more competent men are at hand.

With regard to assistant surgeons, we see no reason why, in the present emergency, medical students in the last year of their course may not receive the appointment. The position is subordinate, and does not call for any professional knowledge which is not at the command of many we could name, whose youth and physical vigor also admirably qualify them for the arduous labor which its duties impose.

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**MENORRHAGIA—Successful Treatment by means of the Perchlorure de Fer.**—M. Torresini had under his care a young girl who had suffered for two months from a continual menorrhagia, which was steadily increasing, had greatly enfeebled her and produced the chlorotic hue. Having tried in vain ergotine, savin, tannin, the tannate and sulphate of iron, he administered forty and the next day eighty drops of the *perchlorure de fer* in the course of twenty-four hours. From the first doses the flowing sensibly diminished, and continued to do so until it ceased altogether. At the end of a week the patient had recovered much of the strength and color of health.

A robust working-woman applied to M. Torresini on account of a very copious puerperal flow. Forty drops of the perchlorure given in four doses were sufficient to stop it. Two days after, the patient having made an imprudent effort, the hæmorrhage recommenced. The same remedy, in the same dose, stopped it, and she resumed her occupations. A chloro-anæmia following it disappeared under the prolonged use of sulphate of iron. To these cases reported by M. Torresini, M. Dieudonné adds four other similar cases occurring in his own practice. In two cases this medicine was given at first; in the others, M. Dieudonné had recourse to rhatany, ergotine, alum and tannin without success. The dose was from four to six grammes of the solution of perchlorure de fer in about one hundred and fifty grammes of distilled water, taken in the course of twenty-four hours. The best way of disguising the taste of the dose, is to add to it a sufficient quantity of peppermint water.—*Journal de Médecine de Bordeaux* from *Gaz. Med. Ital. et Jour. de Med. de Bruxelles*.

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**CONSIDERATIONS IN REFERENCE TO HEALTHY, IN CONTRA-DISTINCTION TO DISEASED JOINTS.** (From a paper by JOHN SWINBURNE, M.D., Albany, N. Y.) In the *Philadelphia Medical and Surgical Reporter*, vol. vii., p. 40, will be found an article, quoted from the *San Francisco Medical Press*, for July, in which Dr. E. S. Cooper lays down what he calls new surgical principles, and enumerates them, from 1 to 7. In the main, I think the doctor correct, but while all this may be true of a diseased joint, I would make the pertinent inquiry :

1st. Were you, as surgeon, to find a healthy knee-joint, opened for two, three or four inches in length, with a clean cutting instrument, would you allow it to heal by granulation? or would you rather close it, by metallic sutures, as carefully as possible, with the object of obtaining union by the first intention?

2d. Were you to treat a punctured wound of the same joint,

would you close it, allow it to suppurate, or would you rather convert it into a full and free incision?

3d. In the operation for the removal of false cartilages from the joint, should your incision be large and free, and allow the same to heal by granulation? or should you strive to remove the cartilage by subcutaneous incision, and so heal the wound by the first intention?

There are some important considerations in reference to healthy, in contra-distinction to diseased joints, which require further consideration, and I candidly confess (with my limited experience) that I am unable to give a solution of them. I would, therefore, invite the profession to investigate, carefully, this important and intricate matter.—*Philad. Med. and Surg. Reporter.*

To which the Editor of the *San Francisco Medical Press* replies as follows:

[*To 1st Inquiry*—We would answer, that the parts should be brought together, with the view of effecting healing by first intention; but, at the same time, if the least purulent matter should be found in the joint afterwards, we would re-open it at once, and then make the wound heal by granulation.

*To 2d Inquiry*—We would not convert the small punctured wound into a free incised one, immediately upon being called to such a case, if of recent occurrence, but would do so at once afterwards, if we discovered that there existed a single drop of purulent matter in the joint.

*To 3d Inquiry*—In removing foreign bodies from the knee-joint, we always make an incision sufficiently free to remove the substance readily, and then, generally, favor healing of the wound by first intention, by bringing the parts together, but never resort to the subcutaneous section. We have, however, operated, several times, by direct incision, and afterwards applying lint in the wound caused it to heal by granulation, and, in every case, with favorable results; but were led to quit the plan, in consequence of concluding that it kept the wounds somewhat longer in healing.

The rule we have fixed upon, after modifying our practice somewhat from that pursued when first we departed from the beaten track by disregarding the admission of atmosphere, is to favor the healing of fresh wounds of healthy joints by the adhesive process, but wounds of suppurating joints we make to heal by granulation.

REMARKS.—In the treatment of all the wounds about the knee-joint, whether accidental or made by the knife, we apply a roller around the limb as tightly as the patient can conveniently bear, commencing at the toes and continuing half way up the thigh. The pressure of the roller has great influence in interrupting the mischievous process of suppuration and disorganization, which is the bane of these cases. A single drop of purulent matter is first generated from some portion of the injured synovial membrane, which, being of a soft and vascular structure, is disposed to suppurate under the influence of a slight inflammation: and this disposition to suppuration in a synovial membrane, together with the extent of development of this structure, in and around the joint, accounts for the rapidity with which purulent matter accumulates, in many cases, after the slightest wounds, such as those made by the puncture of a penknife. The pressure of the



roller interrupts, to a considerable extent, the flow of blood to this as well as all other soft structures entering into the formation of the joint.

Around the joint are numerous bursæ mucosæ, in which the disorganizing process often begins, though it may subsequently involve the entire knee-joint. This is, by far, more frequently the case than any one not much accustomed to making incisions into suppurating cavities about the knee would form any idea of. We have repeatedly made incisions into what we supposed, prior to the operation, to be suppurating joint cavities, but found the purulent collection altogether external to the capsular ligament. In these cases, the same excruciating pain and rapid accumulation of pus took place as occurs when the joint itself is previously involved. The application of a roller, immediately upon the reception of an injury involving the extra capsular tissues alone, would, in many instances, prevent the formation of purulent matter at all; but, when once it commences, nothing but opening the parts, freely, offers any prospect of an early cure.

—*San Francisco Medical Press.*

THE following is an extract from a report to the Sanitary Commission, by its actuary, Mr. E. B. Elliott, which is now in press:—

"Since one hundred and four (104.4) out of every thousand men (officers and privates together) in the entire army is the constant proportion of sick, it follows that, to secure in the field a constant force of five hundred thousand (500,000) *effective* (or healthy and able) men, the nation must constantly maintain in hospitals, or elsewhere, an additional force of fifty-eight thousand (58,000) sick men, making the entire force maintained, both sick and effective, to consist of five hundred and fifty-eight thousand (558,000) men; four per cent., or 22,000 of this entire force, would be commissioned officers, and ninety-six per cent., or 536,000, enlisted men. And since to supply continuous losses in the ranks of the enlisted men, other than losses from expiration of service, requires recruits at the annual rate of 229 per 1000 enlisted men, it follows, that to keep the ranks of these 536,000 enlisted men constantly full, will require annually 123,000 recruits, 29,000 of these recruits being demanded to supply the annual loss occasioned by death; 54,000, the loss arising from discharges from service, mainly from disability; 27,000 for excess of desertions over returns of deserters to duty; 7000 missing in action, not subsequently otherwise accounted for, and 6000 the loss from other causes.

"To repeat—assuming the returns of the period from the 1st of June, 1861, to the 1st of March, 1862, as the basis of calculation, it follows, that to secure in the field a constant force of 500,000 effective men, the nation must not only maintain 58,000 sick men, but it must also recruit the ranks of the enlisted portion of these forces with new material, at the rate of 123,000 per annum, so long as the war shall last: a rate somewhat exceeding 10,000 recruits per month. Of these 123,000 annual recruits, 83,000 are to supply losses by death and discharges from service (exclusive of discharges for expiration of its term); 34,000 for desertions and missing in action (not returned or otherwise accounted for); and 6000 to supply other losses specified and unspecified.

"The five hundred thousand (500,000) effective men are equivalent

in number to the number of men in 572 regiments of the average numerical strength (that is, 872 men each); and the 58,000 sick equivalent to 67 regiments of average numerical strength; the entire force of 558,000 men to be maintained being equivalent to 640 regiments of average strength."

---

**HEALTH OF PROVIDENCE.**—The health of Providence in July, as indicated by the mortality returns, was so remarkable as to deserve a brief notice. The number of deaths (61) was one less than in June; 31 less than in July of last year, and 25 less than the average for July during the last six years. The number was also less than in any year, except one, since 1842, when the population was less than half the present number. The fact that there were less deaths in July than in June is unprecedented in the 22 years of registration in this city.

The proportion of deaths under 5 years of age was unusually small. Of the 30 decedents of American parentage, only 9 were under 5 yrs., and the average age of the whole 30, was 31 years. Of the 31 decedents of foreign parentage, 17 were under 5 years, and the average age of the whole number was 22 years.

It is probable that the low temperature of July was one cause of the small number of deaths among children. Since the beginning of the present month, there has been a considerable increase of mortality. —*City Registrar's Monthly Report.*

---

**THE oil wells at Enniskillen, C. W.,** are yielding more abundantly than was at first described. There are about 200 wells at that place, which average 5,000 barrels a day. Out of one well 40 gallons were pumped in two minutes. Another well yields a barrel in 30 seconds, or nearly 3,000 barrels a day. Enniskillen is 20 feet above the level of Lake Huron, and 600 feet above the level of the sea. The rock is a little over 40 feet below the surface of the earth, and the wells vary in depth from 100 to 230 feet, or from 50 to 180 feet below the rock. Vessels and transportation fail to meet the increasing supply of oil, and much of it is wasted. Eighteen months ago the oil district was a wilderness; it now contains 600 inhabitants, and the number is increasing. The price at the wells is \$1 per barrel, and the empty barrels sell at \$2 each.—*Gas Light Journal.*

---

**LONDON SURGEONS.**—In a letter to the *Amer. Med. Times*, Professor Charles A. Lee, says: "The London surgeons operate more fearlessly, and with more rapidity than ours do on our side of the Atlantic; but I very much doubt whether more successfully, except in particular cases. Thus I saw Mr. Ferguson operate for double cleft palate last week, and the operation was completed in fifteen minutes. He afterwards informed me that the average duration of the operation of staphyloraphy in his hands was ten minutes, and that out of one hundred and five cases, he had met with complete success in one hundred and two. This must be admitted to be extraordinary activity and marvelous success. But much of this success is owing to previous frequent manipulations by the finger of the patient, or a tooth brush, of the fauces and parts adjacent, and to the very free separation of the velum palati from the bone, so as to allow great distension. The profession is indebted to Mr. F. for this practice, which he introduced many

years ago, but has recently been claimed by another surgeon as having originated with him."

---

MR. EDITOR,—In my communication in the last week's JOURNAL, *Accidental Resection of the Elbow-joint*, I notice the omission of part of a sentence in the second paragraph which I wish to correct, as it makes the injury appear very much worse than it really was. After the word muscle, in the fourth line, it should read thus:—"and perhaps small portions of the brachialis anticus, supinator radii longus and the extensor carpi radialis longus; the brachial artery, the median and brachial nerves, the accompanying cellular and adipose tissues," &c. The above-named artery and nerves were not materially injured, and it was from this fact that the effort was made to preserve the limb.

Yours truly,

EDWARD BARTON.

Orange, Aug. 18, 1862.

---

THE BERKSHIRE MEDICAL SOCIETY.—Agreeably to the invitation, mentioned in our issue of the 17th ult., to the members of this Society to meet at the house of its late President, Dr. Clarkson T. Collins, in Great Barrington, a large number assembled there on the 30th, and after the transaction of business in the morning, repaired to his institution in the afternoon to dine. About seventy individuals—including, besides members of the Society, ladies, doctors, clergymen, lawyers, and unprofessional gentlemen—sat down to the tables, which are reported to have been richly decorated and abundantly supplied with delicious viands, rich condiments and sparkling beverages. After the repast, and a cordial welcome expressed by the host, speeches were made by many distinguished gentlemen,—including ex-Gov. Childs of the Berkshire Medical Institution, several clergymen of the vicinity, Hon. Increase Sumner, Hon. S. S. Hamlin of Cincinnati, Joseph Tucker, Esq., Hon. S. B. Sumner (who delivered an appropriate and humorous poem), William Sherwood the author and poet, Hon. Thomas Plunkett, Col. Twining and others. The festival was closed by an evening reception of between one and two hundred ladies and gentlemen, who remained till a late hour. Everything is represented to have passed off with great animation and success, and the meeting was equal to any of the similar ones which have been held under the same hospitable roof.

---

ABSENT SURGEONS CALLED TO DUTY.—The Government is desirous that all surgeons, now absent on furloughs, should immediately report to their regiments, and that all vacancies left by regimental surgeons should be immediately filled by the Governors of the several States.

---

WE are glad to record an act of unobtrusive kindness which in a small way has been the means of adding materially to the comfort of the patients in the Mass. General Hospital. Mr. O. H. P. Burnham, No. 143 Washington street, has, through the instrumentality of a benevolent lady who is a constant visiter at the Hospital, for several years supplied the inmates of that Institution gratuitously with such light reading as the somewhat limited library of the Institution does not afford. This generosity is fully appreciated, and is a great resource to the patients.

Dr. Charles Alexander of Farmington, is Surgeon, and Dr. Augustus B. Farnham of Bangor, Assistant Surgeon, of the 16th Maine Regiment, which has just left home for the seat of war.

The late Surgeon-General, Clement A. Finlay, of Ohio, has been retired from service at his own request. He has been in the service forty years.

George V. Winslow, of Massachusetts, and James Kinnier, of New York, have been appointed naval Acting Assistant Surgeons, and ordered to report to Captain Wilkes.

Dr. Orrin Warren, of West Newbury, is Surgeon; and Drs. Wm. S. Brown, of Boston, and Daniel P. Gage, of Lowell, Assistant Surgeons, of the 33d Regt. Massachusetts Volunteers, which left Boston last week for the seat of war.

At a meeting of the Trustees of the Jefferson Medical College, on the 22d July, Dr. Eilerslie Wallace was elected Professor of Obstetrics and Diseases of Women and Children.

The London *Lancet* states that a meeting of the Council of the College of Physicians, Edinburgh, was held on the 20th of June, to decide the question of the admission of ladies to the medical profession. On a division, sixteen members voted for the proposal, and eighteen against it.

The attention of our readers is called to the advertisement, in today's issue, by an old subscriber, of a complete set of this JOURNAL. The older volumes of the work are now becoming so scarce, that an opportunity seldom occurs of securing a full set; and any individual or association desirous of possessing one, would do well to obtain that now offered.

The recent delays in the issue of the Journal, have been in part caused by interruptions in the office consequent upon calls for military duty. We hope soon to make arrangements for its prompt appearance again, and trust our readers will bear with us in this and various other short-comings during these exciting times.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, AUGUST 16TH, 1862.

##### DEATHS.

	Males.	Females	Total.
Deaths during the week, . . . . .	64	48	112
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	53.3	48.9	104.02
Average corrected to increased population, . . . . .	..	..	118.92
Deaths of persons above 90, . . . . .	..	1	1

##### Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Varicella.	Dysentery.	Typ. Fev.	Diphtheria.
8	30	2	8	3	0	6	2	1

DIED.—At Saco, Me., on the 7th inst., Dr. Henry B. C. Greene, eldest son of the late Dr. H. B. C. Greene, of Boston.

DEATHS IN BOSTON for the week ending Saturday noon, August 16th. 112. Males, 64—Females, 48.—Accidents, 3—congestion of the brain, 1—disease of the brain, 1—inflammation of the bowels, 2—cholera infantum, 30—cholera morbus, 2—consumption, 8—convulsions, 2—croup, 2—diarrhoea, 2—diphtheria, 1—dropsy, 1—dropsy of the brain, 5—drowned, 1—dysentery, 6—epilepsy, 1—bilious fever, 1—scarlet fever, 8—typhoid fever, 2—gastritis, 1—hæmoptysis, 1—disease of the heart, 2—infantile disease, 1—insanity, 2—intemperance, 2—jaundice, 1—disease of the kidneys, 1—disease of the liver, 2—inflammation of the lungs, 3—marasmus, 6—measles, 1—old age, 2—paralysis, 1—polysarcia, 1—sunstroke, 1—unknown, 6.

Under 5 years of age, 63—between 5 and 20 years, 4—between 20 and 40 years, 20—between 40 and 60 years, 8—above 60 years, 12. Born in the United States, 91—Ireland, 17—other places, 4.

# MEDICAL JOURNAL ADVERTISING SHEET.

**FOR SALE**, on very liberal terms, the owner going abroad, one of the most desirable situations in the Province of New Brunswick, with a Practice worth from \$3,500 to \$4,000 per annum. The lot contains six acres, with dwelling house and all necessary out-buildings. Furniture, horse and buggy, office and contents, will be sold with the Estate. Possession given 1st November. Apply to

H. H. WILSON.  
Kingston, Kent, Province of N.B.,  
July 31, 1862.

## REFERENCES.

Hon. J. W. Weldon, St. John, N.B.  
Hon. F. McRheim, Buctouche, Kent.  
Rev. James Law, Kingston, Kent.

Aug. 7-24-31eow

**THE LOCUST-GROVE RETREAT**, at *Pepperell, Mass.*—The buildings recently erected on the old site of the late Dr. N. Cutter's Asylum, are now being fitted up for the reception of patients. The situation is a very desirable one, the buildings are commodious, and the rooms pleasant and convenient for the purpose. The town also is noted for its fine farms, pleasant drives, and picturesque scenery.

The Institution is designed for those persons whose intemperate indulgence in strong drinks renders a removal from their homes and ordinary associations desirable or necessary.

No pains will be spared to reclaim and restore them to their former position in society.

J. C. SHATTUCK, M.D.

## REFERENCES.

Rev. E. P. Smith, Rev. J. E. B. Jewett,  
Hon. C. W. Bellows, Col. S. P. Shattuck,  
Charles Tarbell, Esq., Hon. A. Hutchinson,  
of *Pepperell*.

Winslow Lewis, M.D., 75 Boylston st., Boston,  
A. Emerson, Esq., 2 Spring Lane.  
John E. Tyler, M.D., Sup't McLean Asylum,  
July 24, 1862—tf [Somerville.]

**VACCINE VIRUS**.—The Subscriber proposes to furnish (by mail), postage free and securely packed in small metallic boxes contrived for the purpose) Vaccine Virus, of *guaranteed freshness, purity and efficiency*, to physicians in all parts of the United States and Canada, at the following rates:—12 quills (prepared in such a manner that the lymph cannot chip off), \$1.00. Recent crusts (resulting from the drying of perfect, unruptured and uncomplicated vesicles), securely mounted in gutta percha, so that they can be used with great facility and without breaking or waste—small, but perfect, each \$1.00; very large and fine, each \$2.00.

When orders for quills are received from a considerable distance, such only will be sent as have been charged on the day in which the orders are received, and in no instance shall quills be sent that have been dipped more than three days.

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DR. HENRY A. MARTIN,  
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**References**.—Dr. Walter Channing, Boston; Dr. Oliver Wendell Holmes, Boston; Dr. R. D. Mussey, Boston; Dr. Henry Bartlett, Roxbury; Dr. Dixi Crosby, Hanover, N. H.; Dr. Josiah Crosby, Manchester, N. H.; Dr. Gilman Kimball, Lowell, Mass.; Dr. R. W. Thayer, Burlington, Vt.

June 7-1v

**NOTICE**.—The Subscriber wishes a partner, at 1 "The Pearl Hill Retreat," and in the general practice of Medicine. For particulars, address

W. M. BARRETT,  
Fitchburg, Mass.  
May 22.—tf

**DR. EDWARD JARVIS**, having returned from Europe, is again prepared to receive, at his house in Dorchester, and attend elsewhere, in consultation or otherwise, to patients who are suffering from nervous or mental disorders. Sept. 27—tf

**DR. HENRY W. WILLIAMS**,  
15 Arlington St., Boston (opp. Public Garden).  
Special attention given to Diseases of the Eye.  
Nov. 5, 1862.—optif

**THE DAVIDSON SYRINGES**—the best and cheapest domestic instrument in use—if they get out of order in six months, repaired free of charge. For sale by I. BARTLETT PATTEN,  
June 12 Druggist, 27 Harrison Avenue, Boston.

**GENEVA MEDICAL COLLEGE**.—The Session of 1862-63 will begin Wednesday, Oct. 1st, 1862, and continue sixteen weeks.

## Faculty.

JOHN TOWLER, M.D.,

Dean and Registrar.

JAMES HADLEY, M.D.,

Emeritus Prof. of Chemistry and Pharmacy.

JOHN TOWLER, M.D., Professor of Chemistry and Pharmacy.

FREDERICK HYDE, M.D., Prof. of Principles and Practice of Surgery.

GEORGE BURR, M.D., Prof. of General and Special Anatomy.

NELSON NIVISON, M.D., Prof. of Physiology and Pathology.

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Prof. of Obstetrics, Diseases of Women and Children, and Medical Jurisprudence.

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Fees, payable in Advance.—Matriculation, \$3. Tickets for the whole Course, \$50. Graduation, \$20. Demonstrator's ticket, \$3. Anatomical material, \$5.

Special attention paid to Military Surgery, &c.

Further information may be obtained by addressing

J. TOWLER, Dean of the Faculty,  
Geneva, N. Y.

\* R. STONE, M.D., will perform the duties of this department.

July 31-1015

**MEDICAL INSTITUTION OF YALE COLLEGE**.—The Course of Lectures for 1862-63 commences on Thursday, September 18th, and continues seventeen weeks.

JONATHAN KNIGHT, M.D., Prof. of Surgery.

CHARLES HOOKER, M.D., Prof. of Anatomy and Physiology.

WORTHINGTON HOOKER, M.D., Prof. of Theory and Practice of Medicine.

BENJAMIN SILLMAN, Jr., M.D., Prof. of Chemistry and Pharmacy.

ELINOR A. JEWETT, M.D., Prof. of Obstetrics.

CHARLES A. LINDSEY, M.D., Prof. of Materia Medica and Therapeutics.

Matriculation, \$5. Lecture fees, \$68.50. Graduation, \$15.

CHARLES HOOKER, Dean  
New Haven, July 28, 1862.—tl [of the Faculty.]

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**Directions**.—The Water should be taken daily, in such quantities as not to act on the bowels too much, and should be drank regularly twice or three times per day, beginning with half a tumbler each time, and reducing it found to operate too much, so that the system may become impregnated with its medicinal virtues, being sure to effectually eradicate the disease it professes to cure, if persevered in.

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E. W. STEPHENSON, Proprietor,  
Canada West.

July 31.

**RENSSELAER POLYTECHNIC INSTITUTE**, Troy, N. Y.—The thirty-ninth Annual Session of this Institution for instruction in the MATHEMATICAL, PHYSICAL, and NATURAL SCIENCES, will commence on Wednesday, Sept. 17, 1862. Appropriate quarters, and a full supply of apparatus, will be provided, so that all the Courses of Instruction can be given precisely as heretofore. The new buildings for the Institute will be placed on a more commanding site, and be constructed as soon as possible.

The Annual Register, containing full information, can be obtained from

Prof. CHARLES DROWNE, Director.  
July 3-3m

**OPHTHALMOSCOPES**—modified from those of Anagnostakis and Jaeger, by JOHN H. LIX, M.D. For sale by CODMAN & SHURTLEFF,  
Sept. 1-1f 13 Tremont st., Boston.

## MEDICAL JOURNAL ADVERTISING SHEET.

**FOR SALE**—A complete set of the Boston Medical and Surgical Journal, from its commencement to the end of the 66th Volume. The advertiser having given to the practice of medicine, has no further use for the work, and will dispose of the set on terms favorable to the purchaser.

Application may be made to the publisher of the Journal, who is authorized to make the sale. a 21

**A PHYSICIAN**, who is retiring from the profession in consequence of his health, wishes to dispose of his location, situated in Massachusetts, about five hour's ride from Boston, to a well-qualified practitioner. This is a fine opportunity to secure a practice of \$2,400 per annum. He would expect any person treating for the same, to purchase his stock of medicines, surgical instruments, and a small but well-selected library. For address, apply at this office. Aug. 21—1f



### ARTIFICIAL LEGS,

"PALMER'S PATENT." Improved, superior in mechanism and utility. Hands and arms of superior excellence. Feet for limbs shortened by Hip Disease, new, unique and useful. Surgical

apparatus and treatment for diseased and deformed limbs. By E. D. HUDSON, M.D. (late Palmer & Co.) Clinton Hall (up stairs—only office), Eighth St., or Astor Place, New York. References to the first New York surgeons and others. Send for pamphlets. Aug. 14.

**FOR SALE**, the residence of a Physician just vacated for the Army; consisting of a good house, stable and garden, all in good order, with a practice worth from \$1,500 to \$2,000 a year, without competition. It can be bought on very favorable terms. Refer to Hon. S. W. ENERSON, Mountborno', N. H.; Geo. S. SNOW, M.D., Meredith Village, N. H., or JOHN S. ENERSON, M.D., Camp Colby, Concord, N. H. July 31—ew41f

**PARKER'S COMPOUND VEGETABLE OIL AND PATENT VENTILATING NIPPLE SHIELD**—For the Cure of Chapped or Sore Nipples. —As this Compound is perfectly harmless, the Patient need have no fear whatever in its free use. The taste being pleasant, the child never refuses its accustomed nourishment on account of it.

This method of treating sore nipples has been tried very successfully by many physicians in Boston and vicinity, among whom are Drs. Walter Channing, John Homans, Chas. G. Putnam, Chas. D. Homans, Boston; Drs. Sewall F. Parker, D. V. Folts, East Boston; and Dr. T. R. Nute, Roxbury—to whom Mr. Parker is allowed to refer.

WEEKS & POTTER, 170 Washington st., Boston, agents for the New England States; and for sale by all Druggists. May 22—1y\*

**BURNETT'S PURE COD-LIVER OIL**—Carefully Prepared only from Fresh and Healthy Livers, by THOMAS METCALF & CO., Apothecaries, 39 Tremont street, Boston, Mass., sole proprietors.

From Pereira's *Materia Medica*, Vol. II. Part II. page 2243.

"The experience of the profession at large appears now quite to have established the fact that Cod-Liver Oil, is one of the most efficacious of all remedies in arresting the progress of pulmonary phthisis; that it enables patients to struggle on longer against the inroads of the disease, and thus enables them sometimes to obtain cicatrization and contraction of cavities which otherwise must have produced speedy death." Dec. 13.

**IMPROVED SPERMATORRHEA RINGS**—of pure silver, for preventing and curing nocturnal emissions. Price \$3—to physicians, \$2. They can be sent by mail in a letter. Also, a large assortment of elastic, glass and metal Syringes, Breast Pumps, Nursing Bottles, &c. &c., for physicians and family use. Sold by E. M. SKINNER, successor to J. RUSSELL SPALDING, 27 Tremont street, opposite the Museum, Boston, Mass. March 19.

**CURTIS'S CURE FOR BALDNESS**—for sale, wholesale and retail, by I. BARTLETT PATTEN, Druggist, corner of Harrison Avenue and Beach st., Boston. March 16.

**THE PEARL-HILL RETREAT**—FITCHBURG, Mass. Established Sept. 1st, 1851, for the treatment of the sick, and accommodation of invalid boarders. The buildings, which are new and spacious, are located on a rich and beautiful farm, distant ten minutes' ride from the village. The furniture of the establishment is new, being selected with special reference to the convenience and comfort of invalids or persons of leisure seeking a quiet and genteel boarding place. The soil is dry; the scenery in the vicinity picturesque and delightfully variegated; the water, from brook, spring and well, is of the purest quality, and all the natural and artificial agencies and surroundings combine to perfect the hygienic influences of the place.

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### REFERENCES.

Thomas R. Boutwell, M.D. } Consulting  
Jonas A. Marshall, M.D. } Physicians.  
Alfred Hitchcock, M.D.

Hon. E. Torrey, Alvah Crocker, Esq.  
Hon. Moses Wood, Moses G. Lyon, Esq.  
Hon. G. F. Bailey, J. H. Bradford, Esq.  
Hon. Nathaniel Wood, Dea. S. A. Wheeler,  
Benj. Snow, Jr., Esq.

Of Fitchburg.

E. R. Peaslee, M.D., New York.

John Ware, M.D., and John Homans, M.D., Boston.

March 13—1f

**GARDNER'S PERMANENT SOLUTION OF FERRI PROTOXIDE OF IRON**.—The attention of the Medical Profession is called to this novel and eminently successful preparation of Iron. It is becoming so well known, and so generally used, although but a short time before the public, that it has already taken its place among the standard preparations of the day. It contains 40 grains of Ferri Protoxide to the fluid ounce, and is prepared in two forms—bitter and sweet; the former the result of a combination of a vegetable tonic Quassia, containing no Tannin, whereby a precipitate of Tannate of Iron is avoided with the mineral. The rapidity with which this article is assimilated is really surprising, usually producing observable effects in chlorosis in from three to six days.

Jersey City, N. J., Feb. 15, 1862.

I have tested the preparation of Mr. Gardner, known as the "Liq. Ferri Protoxidi," and find it to be decidedly the most efficient preparation of that mineral I have ever prescribed; being prepared with a vehicle at once palatable and acceptable to the stomach, it is readily administered. I have no hesitation in giving Mr. Gardner's preparation the preference over all other preparations of that mineral, for those peculiar morbid conditions of the human organism where the use of Iron is indicated.

PHILIP N. SENDERLING,

President of Hudson County Med. Society.

Manufactured solely by the proprietor, ROBERT W. GARDNER, Druggist and Chemist, Jersey City, N. J. JOSEPH WATSON, General Agent, 31 Park Row, N. Y. Wholesale Agents for Boston, S. M. COLCORD & Co., cor. Hanover and Portland sts. July 31.



**SELPHO'S PATENT ELASTIC ARTIFICIAL LEG AND HAND**, 516 Broadway, opposite St. Nicholas Hotel, New York. Aug. 14—1y

Send for a Circular.

**TRUSSES**.—Dr. RIGGS'S Hard Rubber Multiple Truss. Water proof. Used in bathing; cleanly and indestructible. No. 2 Barclay street, New York. Aug. 14—1y

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**Boston Medical and Surgical Journal**

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THE  
BOSTON MEDICAL AND SURGICAL  
JOURNAL.

EDITED BY

SAMUEL L. ABBOT, M.D.

Whole No. 1800.] Thursday, August 28, 1862. [Vol. LXVII. No. 4.

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HARVARD UNIVERSITY.  
MASSACHUSETTS MEDICAL COLLEGE.

THE annual course of Medical Lectures of Harvard University will commence at the Massachusetts Medical College, in North Grove st., Boston, on the first Wednesday of November, 1862. The regular course will be as follows:—

Obstetrics and Med. Jurisprudence by Professor D. HUMPHREYS STORER, M.D.	
Morbid Anatomy by . . . . .	JOHN B. S. JACKSON, M.D.
Clinical Medicine by . . . . .	HENRY L. BOWDITCH, M.D.
Anatomy and Physiology by . . . . .	OLIVER W. HOLMES, M.D.
Theory and Practice of Medicine by . . . . .	GEORGE C. SHATTUCK, M.D.
Surgery by . . . . .	HENRY J. BIGELOW, M.D.
Chemistry by . . . . .	JOHN BACON, M.D.
Materia Medica by . . . . .	EDWARD H. CLARKE, M.D.

Demonstrator, DAVID W. CHEEVER, M.D.

Clinical Medical and Surgical Instruction will be given at the Massachusetts General Hospital, with Surgical Operations.

Collateral special medical instruction will also be given at the Hospital by Lectures and otherwise, by Drs. Bowditch, Abbot and Ellis.

Abundant material is afforded for the study of Practical Anatomy. The Room devoted to this department is open day and evening, and lighted by gas.

Fees for the Lectures, \$30; Matriculation fee, \$3; Graduation fee, \$20.

Good Board can be obtained at \$2.50 to \$5.00 per week. Boarding places provided on application to the Janitor at the College.

Students are requested, upon coming to Boston, to call upon the Dean.

D. HUMPHREYS STORER, *Dean of the Faculty,*

No. 132 Tremont St., Boston.

Aug. 7, 1862—tL

# MEDICAL JOURNAL ADVERTISING SHEET.

## BOYLSTON MEDICAL PRIZE QUESTIONS.

—The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following Physicians:

EDW. REYNOLDS, M.D.	J. MASON WARREN, M.D.
JOHN JEFFRIES, M.D.	D. H. STORER, M.D.
S. D. TOWNSEND, M.D.	CHAS. G. PUTNAM, M.D.
J. B. S. JACKSON, M.D.	MORRILL WYMAN, M.D.
HENRY J. BIGELOW, M.D.	

At the annual meeting of the Committee on Wednesday, Aug. 6th, a premium of Sixty Dollars, or a Gold Medal of that value, was awarded to FRANCIS MINOT, M.D., of Boston, for the best dissertation on the question:

*On Nausea and Vomiting, as symptoms, under what circumstances do they occur, and what indications do they afford as to the seat and character of disease?*

The following are proposed for 1883:

1. *On Trephining the Skull for Injury or Disease.*
2. *On Leucocytæmia.*

Dissertations on these subjects must be transmitted, post paid, to Edward Reynolds, M.D., on or before the First Wednesday of April, 1883.

The author of the best dissertation considered worthy of a prize on either of the subjects proposed for 1883, will be entitled to a premium of Ninety Dollars, or a Gold Medal of that value.

The following questions are proposed for 1884:

1. *On the Treatment of Fractures without Splints.*
1. *The Remittent Fever now prevailing in the U. States Army.*

Dissertations on these subjects must be transmitted as above, on or before the First Wednesday in April, 1884.

The author of the best dissertation considered worthy of a Prize for 1884, will be entitled to a premium of Ninety Dollars, or a Gold Medal of that value.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within which, shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

The writer of each dissertation is expected to transmit his communication to the Chairman of the Committee, in a legible hand-writing, within the time specified.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

By an order adopted in 1882, the Secretary was directed to publish annually the following votes:

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which premiums may be adjudged.

2d. That in case of publication of a successful Dissertation, the author be considered as bound to print the above vote in connection therewith.

J. MASON WARREN, Sec'y.

Publishers of Newspapers throughout the country are respectfully requested to notice the above.

Aug. 14—eop8t

**THE LOCUST-GROVE RETREAT, at Pepperell, Mass.**—The buildings recently erected on the old site of the late Dr. N. Cutter's Asylum, are now being fitted up for the reception of patients. The situation is a very desirable one, the buildings are commodious, and the rooms pleasant and convenient for the purpose. The town also is noted for its fine farms, pleasant drives, and picturesque scenery.

The institution is designed for those persons whose intemperate indulgence in strong drinks renders a removal from their homes and ordinary associations desirable or necessary.

No pains will be spared to reclaim and restore them to their former position in society.

J. C. SHATTUCK, M.D.

## REFERENCES.

Rev. E. P. Smith,	Rev. J. E. B. Jewett,
Hon. C. W. Bellows,	Col. & P. Shattuck,
Charles Tarbell, Esq.,	Hon. A. Hutchinson,
of Pepperell.	
Winlow Lewis, M.D., 75 Boylston st., Boston,	
A. Emerson, Esq., 2 Spring Lane.	
John E. Tyler, M.D., Sup't McLean Asylum,	
July 24, 1882—tf	(Somerville.)

**DR. HENRY W. WILLIAMS,**  
15 Arlington St., Boston (opp. Public Garden).  
Special attention given to Diseases of the Eye.  
Nov. 5, 1882.—9ptf

**GENEVA MEDICAL COLLEGE.**—The Session of 1882-83 will begin Wednesday, Oct. 1st, 1882, and continue sixteen weeks.

## Faculty.

JOHN TOWLER, M.D.,

Dean and Registrar.

JAMES HADLEY, M.D.,

Emeritus Prof. of Chemistry and Pharmacy.

JOHN TOWLER, M.D., Professor of Chemistry and Pharmacy.

FREDERICK HYDE, M.D., Prof. of Principles and Practice of Surgery.

GEORGE BURR, M.D., Prof. of General and Special Anatomy.

NELSON NIVISON, M.D., Prof. of Physiology and Pathology.

HIRAM N. EASTMAN, M.D., Prof. of the Practice of Medicine and Materia Medica.

Prof. of Obstetrics, Diseases of Women and Children, and Medical Jurisprudence.

LYMAN W. BLISS, M.D., Demonstrator of Anatomy.

Fees, payable in Advance.—Matriculation, \$3. Tickets for the whole Course, \$50. Graduation, \$20. Demonstrator's ticket, \$3. Anatomical material, \$5.

Special attention paid to Military Surgery, &c.

Further information may be obtained by addressing

J. TOWLER, Dean of the Faculty, Geneva, N. Y.

\* R. STONE, M.D., will perform the duties of this department. July 31—1015

**MEDICAL INSTITUTION OF YALE COLLEGE.**—The Course of Lectures for 1882-83 commences on Thursday, September 14th, and continues seventeen weeks.

JONATHAN KNIGHT, M.D., Prof. of Surgery.

CHARLES HOOKER, M.D., Prof. of Anatomy and Physiology.

WORTHINGTON HOOKER, M.D., Prof. of Theory and Practice of Medicine.

BENJAMIN BILLMAN, Jr., M.D., Prof. of Chemistry and Pharmacy.

ELLY A. JEWETT, M.D., Prof. of Obstetrics.

CHARLES A. LINDSEY, M.D., Prof. of Materia Medica and Therapeutics.

Matriculation, \$5. Lecture fees, \$68.50. Graduation, \$15.

CHARLES HOOKER, Dean.

New Haven, July 28, 1882.—1L 10 of the Faculty.

**VACCINE VIRUS.**—The Subscriber proposes to furnish (by mail, postage free and securely packed in small metallic boxes contrived for the purpose) Vaccine Virus, of guaranteed freshness, purity and efficiency, to physicians in all parts of the United States and Canada, at the following rates:—12 quills (prepared in such a manner that the lymph cannot chip off), \$1.00. Decent crusts (resulting from the drying of perfect, unruptured and uncomplicated vesicles), securely mounted in gutta percha, so that they can be used with great facility and without breaking or waste—small, but perfect, each \$1.00; very large and fine, each \$2.00.

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All orders answered by return of mail. Should virus fail to give perfect action, the undersigned will remit a fresh supply, if notified within ten days. Address

DR. HENRY A. MARTIN, Roxbury, Mass.

References.—Dr. Walter Channing, Boston; Dr. Oliver Wendell Holmes, Boston; Dr. R. D. Mussey, Boston; Dr. Henry Bartlett, Roxbury; Dr. Dix Crosby, Hanover, N. H.; Dr. Josiah Crosby, Manchester, N. H.; Dr. Gilman Kimball, Lowell, Mass.; Dr. S. W. Thayer, Burlington, Vt. June 7—1y

**NOTICE.**—The Subscriber wishes a partner, at "The Pearl Hill Retreat," and in the general practice of medicine. For particulars, address

W. M. BARRETT, Fitchburg, Mass.

May 22.—tf

**DR. EDWARD JARVIS,** having returned from Europe, is again prepared to receive, at his house in Dorchester, and attend elsewhere, in consultation or otherwise, to patients who are suffering from nervous or mental disorders. Sept. 27—tf



# MEDICAL JOURNAL ADVERTISING SHEET.

**MUTUAL LIFE INSURANCE.**—The *New-England Mutual Life Insurance Company* (Office Company's Building, State st., corner of Congress st., Boston) insures lives on the mutual principle.

Accumulation—over \$1,500,000, and increasing, for the benefit of members, present and future. The whole safely and advantageously invested.

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The greatest risk taken on a life, \$15,000. Surplus distributed among the members every fifth year, from Dec. 1, 1843.

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Forms of application and pamphlets of the Company, and its reports, to be had of its agents, or at the office of the Company, or forwarded by mail, if written for, post-paid.

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BENJAMIN F. STEVENS, *Sec'y.*

W. MORLAND, M.D.,  
*Sept. 26 Consulting Physician.*

**GARRATT ON MEDICAL ELECTRICITY.**—Embracing electro-physiology and meteorology; descriptions and uses of the different currents obtained from various kinds of Batteries; "Electro-Therapeutics," showing clearly, yet limiting those classes of nerve-affections, and of joint and muscle diseases, to which this treatment is adapted; methods of application, &c. By ALFRED C. GARRATT, M.D. Second Edition. Pp. 700. 100 Illustrations. Price, \$3 00.

F. S.—Dr. Garratt, No. 9 Hamilton Place, Boston (near Park-street Church), continues to give special attention to the medical use of Electricity, i. e. primary galvanism, in *Nervous Affections*—for restoring the vital forces; for restoring tone in certain cases of atony, weakness and pain, as also in many of the more grave nervous affections—traumatic wasting, and reflex-paralysis; cold-rheumatism, sprains, sciatica, lumbago, irritable spine, neuralgia, headaches, nerve-deafness, sensitive eyes, infantile palsy, chorea, amenorrhoea, torpor of bowels, and the like. Feb. 27

**DOUGLASS' NEW PATENT ARTIFICIAL LEG** is receiving the approbation and recommendation of the most distinguished Surgeons throughout the country. The large number of persons in all professions using it, and the rapidly increasing demand, are indications of its superiority over other substitutes. Radically differing from all others in its construction and articulations, combining the most scientific mechanical and anatomical principles, it possesses great strength, lightness, durability, and a successful imitation in form, color, finish and movement of the natural limb. Perfectly adapted to every form of amputation, many persons wear them who have lost both legs.

Descriptive pamphlets sent free. The patent is owned and Leg manufactured exclusively by the inventor, D. DE FORREST DOUGLASS, No. 16 Main st., Springfield, Mass.

Sept. 26—1y

**ELIKIR BARK AND PROTOXIDE OF IRON.**—This pleasant and highly efficacious combination, the formula for which, has been in the hands of physicians for more than a year, we can now furnish in gallon, half-gallon, and pint packages. The desirable point is here attained of combining with a *solo-salt* of iron cinchonine and quinine, the active principles of Calceola Bark, in the form of a pleasant agreeable elixir.

Specimens of the Elixir, together with the formula, will be furnished physicians upon request.

J. B. NICHOLS & CO.,  
12 Kilby st.

Jan. 9—1f

**DR. J. H. DIX** has removed to Boylston, corner of Tremont street, and attends exclusively to DISEASES OF THE EYE AND EAR.

Dec. 24, 1857.

**DR. HASKET DERBY.**

No. 6 Beacon Street,  
Gives his exclusive attention to Diseases of the Eye. Office hours, 9 to 11 A.M., and 4 to 6 P.M.  
Dec. 26—1 yf

**ALBANY MEDICAL COLLEGE.**—The next annual course of lectures will commence on the first Tuesday in September, and continue *sixteen weeks*. Degrees will be conferred at the close of the Session, and also in June. Fee for full Course, \$65. Graduation fee, \$20.

Materials for dissection are abundant, and furnished to Students on reasonable terms as at any similar institution in the country. A spacious Hospital has been opened nearly opposite the College, to which Students are admitted free of charge. Weekly Cliniques are held in the College.

Boarding, from \$2.50 to \$3.50 per week.

ALDEN MARCH, M.D., Prof. of Principles and Practice of Surgery.

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JAMES H. ARNOLD, M.D., Prof. of Descriptive and Surgical Anatomy.

HOWARD TOWNSEND, M.D., Prof. of Materia Medica and Physiology.

CHARLES H. PORTER, M.D., Prof. of Chemistry and Medical Jurisprudence.

JOHN V. P. QUACKENBUSH, M.D., Prof. of Obstetrics and Diseases of Women and Children.

J. V. P. QUACKENBUSH, *Reg'r.*

Albany, May 8, 1852.—1f

**PALMER ARTIFICIAL LEG.**—TESTIMONIALS from the SURGEONS and PHYSICIANS of Boston. The following flattering "testimonial" has just been awarded to this important invention. A more convincing proof of its great public utility could not be desired, comprising, as it does, the most distinguished Surgeons and Physicians of New England.

"The undersigned, having for many years witnessed the successful use of the Artificial Limb manufactured by PALMER & Co., of this city, very gladly recommend them to persons who have suffered the loss of a lower extremity. The very ingenious mechanism which is applied in this invention, and to which several important improvements have been added since the original invention was introduced, produces an imitation of the shape and motion of a living member much more successfully than would seem possible.

"We recommend them with pleasure and confidence to those who may need such assistance."

*Surgeons to Mass. General Hospital.*

S. D. Townsend, J. B. S. Jackson,  
J. Mason Warren, Henry I. Bowditch,  
Henry J. Bigelow, Augustus A. Gould,  
H. G. Clark, Charles E. Ware,  
S. Cabot, Jr. Francis Minot.  
Geo. H. Gay.

Wm. J. Dale,  
*Surgeon Gen. of Massachusetts.*

Benj. S. Shaw,

*Resident Physician to Mass. General Hospital.*

Wm. E. Coale, Boston.

Joseph Sargent, Worcester, Mass.

Lyman Bartlett, New Bedford

Thos. H. Gage, Worcester.

E. K. Sanborn, Professor of Surgery, Castleton Medical College. May 30

Boston, July 1st, 1861.

**HAVING** sold to Messrs. CODMAN & SHURTLEFF, 13 Tremont street, our entire stock of Surgical, Dental, and Veterinary Instruments, and having relinquished these branches of our business, we hereby recommend the establishment of Messrs. Codman & Shurtleff to our former patrons.

HASSAM BROTHERS  
(late Kingman & Hassam).

Feb. 13—1f

**RETREAT FOR NERVOUS INVALIDS.**—At *Pepperell, Mass.* The undersigned, having taken the Establishment for many years occupied by the late NERWMAN CUTTER, M.D., as a Retreat for Nervous Invalids, will continue to receive patients as heretofore. We are pleased to refer such to Luther V. Bell, M.D., *Charlestown, late of the McLean Asylum.*

Chas. E. Ware, M.D., No. 1 West st., Boston,  
Ed. J. Davenport, M.D., 20 Bedford st., "  
J. A. Wood, M.D., Marlboro' Hotel, "  
Chas. F. Jones, Esq., 55 State st., "  
AS M. STICKNEY, M.D.

*Pepperell, Oct. 18, 1860.*

Jan 9, '63—1yr.

**CHAS. H. SPRING, M.D.**, has removed from No. 215 Washington st., to No. 7 Harrison Avenue. Special attention given to Diseases of the Spine. Office hours, 9 A.M. to 2 P.M. Jan. 8—1f

# PHARMACEUTICAL GRANULES AND DRAGEES

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Aloes and Myrrh,	grs. 4	Magnesia and Rhubarb, each	grs. 1
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" "	1½	Cynoglosse,	1
Aloetic,	4	Proto-Iodide of Iron,	1
Assafœtida,	4	Lactate of Iron,	1
Aloes and Assafœtida,	4	Sulphate of Quinine,	1 & 2
Dinner, Lady Webster's,	3	Valerianate of Quinine,	1
Compound Calomel, Plummer's,	3	" of Zinc,	1
" " "	1½	" of Iron,	1
Blue Pills,	3	Citrate of Iron and Quinine,	2
Opium Pills,	1	" of Iron,	2
Calomel Pills,	2	Willow Charcoal,	2
Opium et Acet. Plumb., each	1	Diascordium,	2
Extract of Rhatany,	2	Anderson's Antibilious & Purgative,	2
Compound Rhubarb,	3	Extract of Gentian,	2
Compound Colocynth,	3	Iodide of Potassium,	2
Compound Squills,	4	Calcined Magnesia,	2
Dover Powders,	3	Rhubarb,	2
Carbonate Iron, Vallett's formula.		Ergot Powder, covered with sugar	
Carbonate of Manganese and Iron.		as soon as pulverized,	2
Kermes,	1-5	Phellandria Seed,	2
Santonine,	½	Washed Sulphur,	2
Bi-Carbonate of Soda,	4	S. N. Bismuth,	2
Meglin,	1	Tartrate Potassa and Iron,	2

## GRANULES.

*Of 1-50 of a grain each.*

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Valerianate of Atropine,  
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*Of 1-5 of a grain each.*

Tartar Emetic,  
Codeine,  
Conicine,  
Extract of Belladonna,

Extract of Hyosciamus,  
" of Ipecac,  
" of Opium,  
Proto-Iodide of Mercury,

Lupuline,	gr. ½	Extract Rad. Aconite,	gr. ½
Extract Nux Vomica,	½	Emetine,	½
Veratrine,	1-24	Iodide Mercury,	½
Sulphate of Morphine,	1-8	Valerianate Morphine,	1-8
Corrosive Sublimate,	1-12	Acetate Morphine,	1-8
Nitrate of Silver,	½	Digitaline,	1-24
Extract of Hyosciamus,	½	Strychnine,	1-12
Colchicum (each granule equal to two drops of tincture.)			

## DRAGEES.

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Copaiba and Cubebs,		Cubebs and Alum,	
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For sale in Boston, by I. BARTLETT PATTEN, Druggist, 27 Harrison Avenue. To any Physician or Druggist who will forward his address, with stamp enclosed, a price list will be sent. May 25—Gm

## THE

# BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. LXVII.

THURSDAY, AUGUST 28, 1862.

No. 4.

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### SURGICAL TREATMENT OF GLAUCOMA.

By J. H. DIX, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

BEFORE saying any thing more on this subject, I wish to make to the Editors of this Journal and to its readers an explanation, and to certain gentlemen in New York an apology, for a misstatement in a previous article.

To substantiate the remark which I thought it my duty to make as to the culpable silence or misrepresentation of the American medical press, I carefully looked over for a year previous the tables of contents of Journals published in this country, which I was in the habit of seeing and which were accessible, on the presumption that it was unnecessary to look further back for mention in other parts of the country of a matter which in this neighborhood certainly had been utterly neglected. A search of two months earlier, of the *Medical Times*, would have shown me that Drs. Dubois, Agnew, Hinton, Noyes and Bumstead, of New York city, had for two years past been familiar with the surgical treatment of glaucoma, and, as I infer from Dr. Bumstead's statement, satisfied of its utility. I am obliged to Dr. Bumstead for his correction, freely acknowledging that New York, in this important step in ophthalmic surgery, was two years in advance of Boston, and as a Bostonian find some consolation in the fact that Dr. Bumstead, who initiated the treatment in New York, was a Boston boy. I shall be happy to meet with reclamations elsewhere, and to except the profession in other places than New York, from a reproach which I believed to be as general as it was just.

In that article, in view of the delay in the adoption of iridectomy or other surgical treatment for glaucoma, I attributed it in part to the silence or misrepresentation of our medical periodical press. But there are probably other and more effective reasons. One of them is, perhaps, the supposed difficulty of diagnosing the disease at a period early enough to secure a fully successful result; and an-

VOL. LXVII.—No. 4

other, the impression, derived from the frequent reference to ophthalmoscopic observation in the details of cases in Europe, that an exploration with the ophthalmoscope is necessary to a decisive diagnosis.

To the description of glaucoma, as given in treatises upon diseases of the eye written some years ago, and still very justly esteemed as standard works, additions of more or less value have been made by modern observers. They are embraced in the following description by Hulke, in quoting from whom I have taken the liberty to change somewhat the succession of the symptoms, so as to put first those which in my opinion are most significant or most available, and Italicising those which are essential to the diagnosis at an early period.

*"Premonitory Symptoms.*—Rapidly increasing presbyopia; the appearance of a colored halo round the flame of a candle; the spontaneous appearance of flashes and other spectra. Intercurrent obstruction of vision, attended with vague orbital and frontal pains, *slight hardness of the eyeball*, and contraction of the field of vision. *The pupil is large and sluggish; the size of the anterior chamber is much diminished.* The duration and intensity of these symptoms are very variable, but they are rarely absent.

*"Acute Glaucoma.*—The active stage sets in as a sudden and violent outbreak, often at night. Violent racking pain in the eyeball, often attended with sickness, and followed by rapid extinction of sight. *The pupil is widely dilated and motionless;* and the lens has sometimes the peculiar greenish tint which was formerly considered so characteristic. *The globe is very hard;* the ciliary vessels are swollen; the conjunctiva is red and often chemosed, the cornea is dull, and its sensibility is lowered. Remissions are followed by fresh paroxysms, and complete, irremediable blindness always ensues.

*"Chronic Glaucoma.*—The premonitory period slowly glides into the active. The obscurations, which were at first evanescent and separated by long intervals, become more frequent, and last longer. *The tension of the globe increases.* The contraction of the visual field progresses. The iris becomes dull; the aqueous humor turbid; the cornea dimmed and flattened.

*"Ophthalmoscopic Signs.*—*Excavation of the optic nerve entrance*, and pulsation of the retinal vessels. To these, capillary apoplexy of the retina is often added; and sometimes there are small blood-clots in the vitreous humor, which is unnaturally firm. It is only late in the disease, when all the component structures are undergoing atrophy, that the vitreous humor becomes fluid.

*"The Nature and Causes of the Glaucomatous Process.*—All the leading features of the glaucoma are due to excessive tension of the eyeball from a superabundance of fluid within it, which distends the vitreous humor. This fluid—serum—is derived mainly from the choroid."\*

\* By J. W. Hulke, Esq., F.R.C.S., Assistant Surgeon to King's College Hospital and to the Royal London Ophthalmic Hospital. Braithwaite, Part 42, p. 205.

Of several of these signs of modern discovery, it may be said that they are possible and occasional concomitants, rather than essential diagnostic symptoms, and that in the early stages especially of glaucoma their entire absence does not invalidate the diagnosis. Such are the swelling of the ciliary vessels, the flattening of the cornea and its lowered sensibility.

The ciliary region, in decided acute or chronic glaucoma, also, is sometimes as free from any visible congestion, and presents a surface as white, as in perfect health.

Instead of flattening of the cornea, which in my experience, except in cases clearly of long duration, is an unfrequent, and by the ordinary means of observation not a readily determined symptom,\* most continental writers speak in this connection of a flattening of the anterior chamber of the aqueous humor. This may of course be the consequence, in whole or in part, of a diminished convexity of the cornea, but in cases of glaucoma usually the chamber is flattened, or, more properly speaking, narrowed, chiefly by the increased volume of the vitreous humor, and perhaps other posterior tissues, thrusting forward the lens and its suspensory ligaments so that the posterior chamber is quite obliterated, even without the removal of its anterior boundary by the extreme dilatation of the pupil. This flattening of the chambers, with its consequent approximation of the anterior capsule of the lens towards the posterior surface of the cornea, is one of the earliest and most frequent, and also one of the most significant symptoms. It is also a most important symptom to be borne in mind during the operation of iridectomy. The flattening of the cornea is of itself a symptom of little moment. There may be in fact an increased, instead of a lessened convexity of the cornea, and the advocates of division of the ciliary muscle (intraocular myotomy) claim that this operation was first applied to a case of glaucoma in which the cornea bulged forward, from constriction around its margin by the ciliary muscle.

As to insensibility of a cornea, it is certainly not a very constant symptom of glaucoma, and is sometimes met with in other diseases.

Mr. Hulke has placed the ophthalmoscopic appearances last, and they are not italicised. In the first place, because, at the early access of the disease, when the operation is most hopeful, these appearances probably do not exist in such a degree as to be cognizable even by an accustomed observer. Secondly, because, from the turbid state of the aqueous humor in the early, and the diplochromatic state of the crystalline lens in the mature stages of glaucoma, such exploration is often impossible. Thirdly and chiefly, because when one or more of the internal textures of the globe are in a state of active inflammation, the stimulus of light from the ophthalmoscope may be injurious. Lastly, because, "in the present state of our knowledge, the lesion of the optic nerve alone is no longer to be consi-

---

\* By Helmholtz's Ophthalmometer the convexity of the cornea may be mathematically measured.

dered as defining glaucoma, because in a series of cases it has a pathogenicus quite foreign to glaucoma.”\*

With reference to this lesion or excavation of the optic nerve, which, though it may not be conclusively diagnostic of glaucoma, is one of the most interesting and important revelations of the ophthalmoscope, the following explanation by Dr. Mackenzie may be useful to gentlemen who are not often called on to make ophthalmoscopic examinations.

“To discern the pulsatory movement of the vessels, requires a sharp and experienced eye, and the observer will find it of service, while directing his attention to this point, to have the patient's head supported, and the diseased eye steadied by the fingers of an assistant.

“If the indirect or inverted method of ophthalmoscopic observation be selected, an optical deception is apt to bewilder a beginner, as to the condition of the entrance of the optic nerve, a nearly circular spot, though not unfrequently oval, variable in size, but measuring on an average 0.6 line in diameter, and which, although styled *papilla* or *colliculus*, is, in its normal state, nearly level with the retina, and even a little depressed in its centre. In the direct method, where the observer regards the illuminated non-inverted fundus oculi through an aperture in a concave mirror without the aid of any extraneous lens, the great magnifying power of the cornea and humors of the patient's eye, gives to the papilla an apparent magnitude larger even than that of the pupil; but in this way, it cannot be well seen as a whole, and generally requires the eye of the observer to be brought inconveniently near to that of the patient. Instead, then, of using the patient's eye as a powerful single microscope, in actual contact with the objects on the fundus oculi to be examined, and thus viewing them directly, it is better to obtain a smaller but more defined image, although an inverted and virtual one of those objects, by converting the patient's eye for the time into the object-glass of a compound microscope, which we do by holding in front of it a thick convex lens. The image which we then see of the several parts of the fundus oculi is an inverted one, like that of an object examined with any ordinary compound microscope; the entrance of the optic nerve is seen towards the temple instead of the nose; the macula lutea appears to the nasal side of the optic nerve instead of the temporal, and a little below the level of the nerve instead of above it; while the principal trunks of the retinal vessels, instead of branching in the direction of the temple to embrace the macula lutea, seem to bend towards the nasal side of the eye. The apparent position, in fact, of all the objects on the fundus, viewed in this way, is the reverse of their real position.

“The most important optical deception which arises from viewing the fundus in the indirect method, as well as the most puzzling

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\* Dr. A. Von Graefe on Glaucoma, p. 306.

to a beginner, affects the papilla. The student has probably heard, that the papilla, in the glaucomatous eye, is cupped or excavated, but to his view it appears quite the reverse, it appears rounded and prominent.

"To comprehend clearly that this is an illusion, all that one requires to do, is to impress with the head of a pin a small dimple on a bit of paper, and put this under a compound microscope, with the concave side of the impression uppermost. The same appearance will then be seen, which is presented by the papilla of the glaucomatous eye, viz., that of a rounded and protuberant surface.

"This optical deception arises from the inversion which the image suffers by being viewed through the compound microscope. We judge that an object, viewed with a single eye, is convex or concave, solely by the manner in which light is reflected from the body under examination. The light which falls obliquely on a convex surface illuminates that side which is nearer to the source of light; the side farther from it is in shade. The light which falls obliquely on a concave surface illuminates that side which is farther from the source of light; the side nearer it is in shade. Let the source of light remain in the same position, but invert the image of the object illuminated, so that the light which falls on the farther side of it may seem to fall on the near side, which is the case when we look through the compound microscope at the hollow on a bit of paper, or when we examine the optic papilla through the compound microscope formed for the occasion by the patient's eye *plus* the convex lens held in front of it; and both the dimple on the paper and the papilla, although they are actually cupped or concave, will then appear convex and prominent.

"If, on the other hand, we turn the convex side of the dimple on the paper uppermost, and view it with the compound microscope, it appears concave. The inversion of its image causes the light which falls on its near side, to appear as if it fell on its further side, and thus the eye is subjected to a deception the reverse of the former, and from which it cannot free itself. If there be cases, then, in which the end of the optic nerve within the eye actually projects in a convex form, they will offer, when examined in the indirect method, the appearance of a cup or depression.

"Such facts have long been familiarly known; the apparent transmutation of an intaglio into a cameo, or that of a cameo into an intaglio, under the compound microscope, being a common source of amusement, fully discussed by Sir David Brewster in his 'Letters on Natural Magic, Letter V.' Important as their bearing is on pathological examinations of the eye, they seem to have escaped the notice of ophthalmoscopists, till attention was directed to the subject by Dr. A. Weber, in a paper in the 'Archiv für Ophthalmologie,' Band II., Abtheilung I., Seite 141."

I would not be understood as depreciating the value of ophthalmoscopic observation in glaucoma. The modern pathology of the

disease rests upon it, and, taken in connection with other symptoms, it is one of the most important and conclusive, and in some otherwise doubtful cases it may be indispensable for correct judgment and successful practice. But there are cases in which it is inexpedient, and others in which it is impossible to use the ophthalmoscope—in which, nevertheless, the diagnosis of glaucoma is from other symptoms made sufficiently clear to justify and require surgical intervention. Certainly no gentleman should, from want of sufficient familiarity with the ophthalmoscope to detect arterial pulsation and excavation of the optic nerve, hesitate in an otherwise well-marked case of glaucoma to operate either by iridectomy or intraocular myotomy. Especially should he not hesitate when one eye has been lost by glaucoma, and similar symptoms are commencing in the other, pointing to the same result. If the symptoms are equivocal or incomplete, provided they are the same that preceded and accompanied the extinction of vision in the other eye, and provided also that one or two of the symptoms plainly indicate intraocular pressure, and that in the treatment of the eye first attacked, as well as that now threatened, the ordinary general and local means appropriate to the relief of inflammation of the internal textures of the eye have failed to relieve; although there may be a doubt whether the disease is simply glaucoma, there can be none as to the propriety of performing one of the three surgical operations by which intraocular pressure may be relieved. In such a case it might be expedient to adopt at first the very simple operation of paracentesis (evacuation of the aqueous humor through a small puncture in the cornea), and to postpone the more effective but somewhat more difficult or complex operation of iridectomy or intraocular myotomy until it is found that, having attained by paracentesis a temporary relief, confirming the diagnosis, the symptoms recur. There can now be no question that the practitioner has to choose one of two alternatives—either to perform the operation of iridectomy, or intraocular myotomy, or to abandon the patient to irremediable blindness.

It has been formally objected to the operation of iridectomy, that it does not address itself to the morbid processes of the disease which it is intended to relieve—that it cannot prevent or relieve the glaucomatous habitus. That it is a preventive, remedy, or cure, for glaucomatous blindness, by no means implies that it controls the morbid processes, but only that by removing one of their effects, pressure on the retina and optic nerve, it enables the organ to pass through that process without accomplishing the blindness otherwise inevitably incident to them. So tracheotomy cures a case of croup, not because it relieves the inflammation of the mucous membrane of the larynx, but mainly because it enables the patient for a time to breathe in spite of it. In either of these diseases the operation, though not controlling them, does, by the relief of a single symptom, effect something more than this negative good, and probably facilitates and expedites the curative influences of nature and art bearing upon them.



Still it is rational and prudent not to regard iridectomy as an absolute cure for glaucoma, or any of the other diseases in the treatment of which it is claimed to be useful, but only as a necessary adjunct, without which all other means and appliances, local and general, are almost nugatory. In the words of its able originator and advocate, "It is its efficiency in diminishing pressure, and not any special relation to some particular disease, that renders the operation valuable, or determines or justifies its employment."\* For it must be confessed that notwithstanding all the light that modern research has thrown upon it, glaucoma is often, in its early stages, a disease difficult to diagnose, and the practical value of the operations of iridectomy or incision of the ciliary muscles is not lessened; and their applicability is perhaps more easily recognized by regarding them only as means more effective and permanent than any heretofore known for the relief of the condition of excessive intraocular pressure.

Of the indications of this condition, the only absolutely indispensable and unmistakable ones are, as it appears to me, dilatation of the pupil, hardness of the globe, and obscuration of vision continued or recurrent. Not that these three symptoms constitute glaucoma, or that they are actually ever found unconnected with others; but that when they co-exist, whether alone or in combination, with other symptoms, there is, in the failure of speedy relief otherwise, an imperative demand for surgical aid.

The objection has been raised, that removing a large portion of iris would disturb the accommodation of the eye. Whether or not it does, my limited experience does not at present enable me to determine; and in fact, for the want of the needful observations and dates previous to the access of disease, it must often be very difficult to do so. Those who have had the largest experience, find this to be not a well-grounded objection, and on the contrary find in cases marked by flattening of the cornea an improved power of accommodation from the compensating effect of the restored convexity of the cornea. This objection, if valid, is of no weight as against any operation for the relief or prevention of blindness, for an eye without any internal power whatever of changing its accommodation of sight is better than an eye without sight.

Another and more trivial objection is the deformity of a dark speck on the sclerotic. To this is replied, that if the iris itself is dark, this is hardly observable; that at the period of life when the operation is required for glaucoma, if observable it is unimportant; and that if it is desirable wholly to avoid this defect, it can be avoided by making the incision on the upper side of the cornea, so that it shall be covered by the upper lid.

Another reason for the general neglect, in this country, of the operation of iridectomy for glaucoma, is probably an exaggerated

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\* Conclusion of von Graefe on Glaucoma.

idea of the difficulty of performing it, and also perhaps a misapprehension of the mode of performing it from directions as usually given. For some remarks on this part of the subject, I shall in a future number claim a small space.

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#### HOURLASS CONTRACTION.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—In the discussions of the Boston Society for Medical Improvement, reported in the last No. of the Journal—August 7th—Dr. Ayer reported cases of hour-glass contraction following the use of ergot, and asked if other gentlemen present had noticed the same. It was also suggested by another that the use of ergot in labor is followed by retention of the placenta. The influence of ergot on the child was also considered.

In regard to the first inquiry, as to the influence exercised by ergot in producing hour-glass contraction, so far as my observation extends, I have met with but one case, in a practice of fifteen years. It followed the use of ergot in large and repeated doses, in a case of extremely difficult labor, in which labor could be finished only by exciting the uterus to violent action. The case was primipara. Having waited nearly two hours after the birth of the child, for the spontaneous delivery of the placenta, whilst friction of the bowels, pressure on the womb and gentle tractions of the cord were being made, I introduced my hand into the uterus, where it was immediately arrested in its progress by what seemed to be the fundus; but running my finger up the cord, I found it closely embraced by what I now understand to be an hour-glass contraction. It was with some considerable difficulty that this rigid contraction was overcome sufficiently to pass my hand through it, but which being accomplished, I found my hand in a second cavity, with my wrist embraced by the recently dilated portion. I succeeded, very readily, in detaching the placenta from the fundus uteri, to which it was firmly attached, not a drop of blood, up to this time, having escaped the external organs. The contracted portion yielded very readily to my hand, when withdrawn with the placenta. Rapid recovery followed, without one untoward symptom.

In regard to the second inquiry, as to the influence of ergot in retarding the delivery of the placenta; so far as I have had opportunity of judging, retention does follow the use of ergot. Almost invariably after the use of ergot in labor, I am obliged to introduce my hand and remove the placenta. And, although no sensible signs of uterine contraction may attend such artificial delivery, hæmorrhage does not follow to the extent that it does in similar circumstances where no ergot has been used. Alarming hæmorrhage frequently follows the latter case, but never the former.

After careful observation on the influence of ergot on the child, I cannot say I have seen an instance in which the morbid appearances

following the use of ergot, might not more rationally be attributed to other causes than to this drug.

In conclusion, I can say with Dr. Storer, as the result of my observation in the use of ergot in obstetric practice, it is one of the most useful and satisfactory articles of the *Materia Medica*—and, properly used, inflicts no injury to the mother, and, so far as appears, none to the child.

W. A. HARVEY.

*Yarmouth, Me., August 21, 1862.*

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ON THE PATHOLOGICAL ANATOMY OF PUERPERAL FEVER.

By PROFESSOR BUHL.

PROFESSOR BUHL, of Munich, having examined the bodies of fifty women who died of puerperal fever, states that a constant and characteristic appearance is a pappy, red or dark brown or grayish-black mass lining the inner wall of the uterus, giving forth sometimes a gangrenous and sometimes a putrefactive smell. It is this matter which supplies the poisonous infection of puerperal fever; but as to the cause of the production of the fever differences of opinion prevail; some regarding it as the consequence of the immediate passage of poisonous matter into the womb, while others think that a preliminary poisoning of the blood by misasmata takes place, the corrupted mass being only a secondary result. Anatomically, we may distinguish two forms of puerperal fever—puerperal pyæmia and puerperal peritonitis—forms which may be clinically distinguished, as it is of importance in prognosis that they should be so.

Puerperal pyæmia does not usually prove fatal before the ninth day, and frequently not until after the third week. It is chiefly met with where the disease does not put on an epidemic form, the veins being the channel of infection; coagula, accompanied by suppuration, being found in the veins of the walls of the uterus, in a pampiniform plexus or in a spermatic vein. In no instance did the author ever find both spermatic veins obstructed, and in only one case was the entire vena cava inferior filled with adherent coagula. These coagula and their subsequent caseous metamorphosis are quite sufficient to establish the existence of puerperal pyæmia, the so-called metastatic abscesses being seldom met with. Œdema of the lungs and ecchymosis of the pleura were frequently met with by the author.

The puerperal peritonitis was more frequent, more violent, and more rapidly fatal than the puerperal pyæmia, inasmuch as death sometimes occurred within two days after delivery, and in but few cases was delayed to the third week. Of the 32 cases of this variety only 2 were chronic, proving fatal in the course of six or eight weeks. In all the cases purulent exudation was found, in 18 instances occupying the tubes, and in 14 the subserous tissue of the

uterus. The two conditions were found combined in only 4 instances, and a plugged condition of the veins was observed only in 5 instances. Of the 18 instances in which puerperal pyæmia occurred, in only 2 was there pus in the tubes, and in only 1 subserous effusion of pus; so that of 20 cases of tubal suppuration, in 18 peritonitis was present, and of the 14 cases of subserous suppuration peritonitis occurred in 13. On the other hand, of 23 cases of purulent coagula of the veins, in only 5 did peritonitis occur, and in all these there was subserous or tubal suppuration also, and in 16 cases in which these parts exhibited no pus, no peritonitis took place. The disease of the veins thus bore no relation to the occurrence of peritonitis. It results from these facts, that peritonitis may arise either from the immediate passage of the poisonous material from the uterus through the tubes, or from the conveyance of this from the inner wall of the uterus by the lymphatics. The supposition that the pus may have proceeded from the peritoneum into the tubes is negatived by the fact of these having been free of it in fourteen cases; and the pus of the peri-uterine, subserous tissue or of the lymphatic vessels must be regarded rather as a consequence than a cause of the peritonitis, inasmuch as it was absent here in twenty instances. The prognosis is not alike in these two modes of origin of the peritonitis. That induced by the pus from the tubes is a much slighter and more simple inflammatory process, met with when there is little or no epidemic extension of the disease; while the peritonitis resulting from lymphatic absorption is a much severer form of disease, preceding or accompanying general infection, and is especially met with in the epidemic form.

In both of the principal forms of puerperal fever, besides the morbid uterine appearances there were found—1. Almost constantly swelling and watery infiltration of the retro-peritoneal, inguinal, and (though seldomer) the mesenteric glands. 2. Osteophytes on the internal surface of the cranium. 3. In several cases, especially in pyæmia and lymphatic absorption, a distension of the cortical substance of the kidney, together with the microscopical appearances corresponding to the acute stage of Bright's disease. In only two of fifty individuals was tuberculosis found.—*Froriep's Notizen*. 1861. No. 13.—*Med. Times and Gazette*.

#### PHOSPHORUS NECROSIS.

In a recent clinical lecture by Mr. Paget, in speaking of a case of Phosphorus Necrosis, he remarked as follows:—

In this case there was a special interest in the fact that it was an exception to the almost absolute rule that the disease only occurred in lucifer-match makers. Lucifer-match makers were hard worked and were kept in a bad atmosphere, and to this, and not to the phosphorus, some had attributed the disease. Anyone long enough ex-

posed to the fumes of phosphorus suffered from necrosis of one or both jaws, and the majority employed in the manufactories suffered at one time or another from this disease. But there were certain conditions which were necessary before a person became liable to suffer. So long as the mucous membrane was intact, and the teeth sound, there was no mischief. This had been carefully ascertained, and was quite certain. In one of the large German manufactories it had been found that if the workmen had broken or decayed teeth, gumboils, or anything which bared the periosteum, they became liable to suffer, and this was confirmed by experiments on animals. It was found that if healthy rabbits were kept in a chamber into which the phosphorus fumes were admitted, no disease of the jaws followed. If, however, their teeth were broken, or if in any way the periosteum were exposed, then they began to suffer. Thus, then, it may be accepted as a well ascertained fact, that unless the phosphorus fumes come in contact with the periosteum, the disease is not produced.

The manner in which the fumes produce necrosis is also singular, unlike other caustics, as, for instance, nitric acid. It does not act merely locally, destroying what it touches, but it seems to affect more or less the neighboring bone—part of it, or in time the whole of it. There is no other substance which, when locally applied, seems to produce results over so large a space. Not unfrequently it would thus destroy the whole bone attacked, beginning first at a single point of bared periosteum, as the socket of a tooth after extraction. In this peculiarity of action, it appears to resemble less a mineral than an organic poison.

So far as has been at present ascertained, no bones except those of the upper and lower jaw have been attacked; although of course, now and then, there must have been, as from accidental strumous disease, exposure of other bones to the fumes. The contiguous nasal bones never suffered, at least not primarily, but sometimes as a sequence to disease of the jaw bones. This curious choosing of certain structures shows that these bones have distinctive peculiarities, for which, by comparison of their texture with other bones, we cannot yet account. It was just as difficult to tell why mercury should affect the jaws more than other bones. It is the more difficult to explain why these bones should suffer from mercury and phosphorous acid, as they are not liable to be affected by organic diseases, as syphilis or gout.

In reference to the way in which the necrosis was brought about, Mr. Paget said that inflammation of the periosteum was the first step. He showed a specimen in which new bone had been deposited at many points, as a result of this process. This was a constant first effect, and new bone was always to be found, more in the lower than in the upper jaw. In a few—very few—cases the disease would stop here. Generally, however, the result was necrosis of

the whole of the affected bone, and that, too, of the new bone as well as the old.

In the case of removal of the greater part of the lower jaw (the first case related), the periosteum of the remaining part of the bone was inflamed, and probably to some extent the necrosed bone might be replaced by new bone.

In a case of phosphorus necrosis, it was difficult to say, when once begun, how it would end. In some a limited part of the bone would separate, but in others the whole substance of the maxilla would become necrosed. Mr. Paget had observed that the patients were much disordered in health, but he would not venture to say that there was a special cachexia in this disease. There was, however, much more cachexia than was usual in local disease to that extent. The patients were peculiarly pale, sodden-looking, and exceedingly feeble. They were not thin, but looked as if the blood were deficiently red. There was generally also some bronchitis. It was a matter of inquiry whether the phosphorous acid acted as a poison in the blood—the necrosis being the local manifestation of it.

An important question was, Could the disease, by proper care, be entirely prevented? In some conditions of perfect ventilation, and great care as to the condition of the mouth in those exposed, no doubt it could. Since 1847, in the manufactory at Nuremberg, only one case had occurred in fourteen years. This improvement was due to perfect ventilation, great cleanliness, and inspection of the teeth. It is whilst dipping the matches that exposure to the fume occurs. It is necessary that the fumes should, as much as possible, be blown away from the workmen. No one with broken teeth, gumboils, &c., should be allowed to work at dipping the matches.

The allotropic phosphorus does not fume, and thus, so far as the health of the workmen is concerned, is better. It is, however, more expensive, and more liable to take fire. It is to be regretted, Mr. Paget said, that similar regulations to those in the German manufactories are not adopted in England.

In treating this disease when established, we ought of course to advise removal from the influence of the fumes, fresh air and good diet, and thus hope to limit the necrosis. Is it advisable, when the necrosis is limited, to cut it out? Mr. Paget believed it was; but it was necessary to be cautious in taking for granted that the necrosed part was the only part diseased. There might be periostitis, in the earlier stage of the disease, beyond, so that by the removal of the necrosed bone it is not clear that we should relieve.

After removal in these cases, the repair is very remarkable. In the case of the boy in Darker Ward there was a very large quantity of new bone in the position of the ramus and body. Mr. Paget said that he had seen no case in this disease in which death had occurred, but it would sometimes prove fatal by exhaustion and the supervention of phthisis.—*Med. Times and Gazette.*

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

AUG. 11th.—*Continuation of the Discussion on Ergot.*

Dr. J. BIGELOW thought that a recommendation of the use of ergot, emanating from the Society, and published with their proceedings, should be accompanied by a caution as to its indiscriminate use. When used without discretion it is dangerous both to mother and child, and in many cases where it is frequently employed, he should prefer, if necessary, to use the forceps, as more manageable. He commended the candor of Dr. Morland in reporting a fatal case in his practice, and thought that if others would do likewise the danger of the drug would be more apparent.

Dr. STORER said he was always ready to yield to the opinions of those who were older and more experienced than himself; but he believed he had had as much experience in the use of ergot as any other practitioner in Boston, and he had never known injury to follow its use when it was indicated. He thought that gentlemen who had had much experience with it differed entirely from Dr. Bigelow in their estimate of its value. He did not hesitate to recommend it to his pupils as harmless when properly given—for instance, when the labor is not a first one, when there is sufficient dilatation, when the head is low in the pelvis, and the pains are absent.

Dr. PUTNAM said the point was, to know when ergot *was* indicated. The promptness and energy of its action under suitable conditions were most satisfactory. For instance, Dr. P. had been recently consulted in a case in which the labor, after having progressed favorably, was suddenly, and without obvious cause, suspended. There was no mechanical obstacle, and, after waiting two hours, fifteen grains of ergot were administered. The pains at once returned, and the labor was completed within half an hour. On the other hand, he had seen cases where everything seemed to indicate it, and yet it appeared to act injuriously. The difficulty is, that when once it begins to act it cannot be controlled. He had not seen injury to the child in his own practice, but he had no doubt that it was sometimes stillborn, possibly, as some suppose, from the poisonous properties of ergot, but more probably from the effects of violent and unremitting pressure. The mother also is exposed to severe injury.

For these reasons, great as is the temptation, he never prescribed it before delivery without some misgiving. After delivery, or just before the head passes the perinæum, in cases in which the patient had "flowed" in previous labors, it is of inestimable value.

Dr. BIGELOW said that powerful remedies were safe when really "indicated;" but if extensively recommended without an accompanying caution as to their use, superficial readers and young practitioners would be led to employ them rashly. When the drug was first introduced into this country, practitioners eagerly resorted to it as a means of shortening labor; it was administered to thousands of women, indiscriminately, and probably thousands of children died in consequence, from the long-continued pressure on the head, inducing a state analogous to apoplexy. The journals of that day teem with cases, and with the conclusions arrived at by the profession, that "ergot kills the children," and this was the experience of the most able and judi-

cious physicians, until at length it got to be known that ergot can be given with propriety only towards the end of labor, and when no impediment to delivery exists save the insufficiency of the pains. Exceptional cases may occur, but this is the general law. Dr. B. mentioned a case of twins, in which, after the first child was born well, a dose of ergot was administered to expedite the birth of the second, which, after twenty minutes continuous pain, was dead-born.

Dr. MINOT said he had lately attended a patient in her second labor, whose first child was delivered with forceps, on account of inefficient pains. The same state of things occurred this time—the pains seemed too feeble to expel the child, although there was sufficient dilatation, and the head was low in the pelvis. He again applied the forceps. After the head was born, a delay of nearly twenty minutes occurred, from the difficulty of extracting the shoulders, which were very broad, and the child, a very large one, was stillborn. He regretted not having given the woman ergot, which, he thought, would have saved the child.

Dr. BIGELOW was of a different opinion.

Dr. PUTNAM thought the forceps much more appropriate to Dr. Minot's case than ergot would have been. He should have feared sloughing of the soft parts from the long-continued and unmitigated pressure caused by ergot.

Dr. GEORGE HAYWARD, Jr. had had a case similar to Dr. Minot's, in which ergot seemed to act most favorably, although the confinement was a first one. The pains had ceased after labor was well advanced, and it seemed as if the child would have been born in a few moments, had they continued. The child was large, but the mother was a tall, large, and well-shaped woman, with a capacious pelvis; the soft parts were relaxed, and the head was not jammed. Aware of the serious objections to giving ergot in a first labor, Dr. Hayward delayed longer than he otherwise should have done, and it was not till the patient was getting exhausted and discouraged that he gave the infusion, freshly prepared, which produced its peculiar effect in a short time, and in a few minutes after it began to operate the child was born alive. The placenta soon followed, and the woman made a good recovery.

Dr. STORER said all agreed that ergot was a powerful agent, and sometimes produced bad effects. The question was, whether it were more likely to do harm when improperly used than any other powerful remedy. If he were lecturing to young men, he would go into the particulars respecting its mode of employment; but he was addressing practitioners, not students.

AUG. 11th.—*Double Uterus.*—Dr. STORER showed some drawings and oil paintings illustrative of a case of double uterus, made by Mr. Edgar Parker, of Saxonville, student of medicine, and accompanied by an account of the case.

The patient was an Irish girl, unmarried, about 25 years old, who died from the effects of poison, probably administered by herself, under the belief that she was pregnant. The organ was completely double, the two cavities being entirely separated. The septum was exactly median, and extended from the os to the fundus. There were no signs of pregnancy. The friends would not allow the uterus to be removed.



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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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BOSTON: THURSDAY, AUGUST 28, 1862.

THE proper use of quinine as a prophylactic against malarious disease is so important a topic at the present time, that we feel ourselves under special obligation to the Surgeon-General for the use of the following letter from one of the elders of the profession, the venerable Dr. Mussey. We took occasion last week to notice somewhat at length Dr. Rogers's valuable pamphlet on the subject, thinking it might fall under the eye of some one of our army surgeons who might derive profit from his suggestions. Dr. Mussey's letter is equally valuable, and we avail ourselves of the privilege of printing it with much pleasure.

"LITTLETON, MASS., Aug. 20, 1862.

"My dear Sir,—Within the last few days, the quota of men required of this township towards the 300,000 has been made up by enlistment rather than by drafting, and I feel no small sympathy for these patriots, one half of whom, I am told, are married men; and the liabilities they, with thousands of others of a like description from the old Bay State, will incur from leaving a pure atmosphere and entering one loaded with miasm, impel me to make a suggestion by way of inquiry. Can the quinine be furnished in sufficient quantity for all our troops? It is generally understood to be a prophylactic of miasmatic fever; and it is said to be safe to economize it so far as to give only two grains a day to each man. Dr. Mears, of Indianapolis, made what he regarded as a valuable experiment with quinia when malarious fever was very prevalent within the range of his professional visitations. He took *twelve* grains of sulphate of quinia every Monday morning—rode night and day in a highly concentrated miasmatic atmosphere, and had uninterrupted health. This he continued through the warm season, and the epidemic having greatly abated as the cool season advanced, I think it was in November, he omitted his quinine. In about two weeks he had a regular attack of the fever. In Hays's Journal, either in 1860 or 1861 (I have not the volumes here), a physician of Charleston, S. C., Dr. DeSaussure, has given an interesting paper on the power of quinine as a prophylactic against the poison of miasm.

"In the *Chicago Medical Examiner* for June, 1862, there is an extract from the *Edinburgh Medical Journal*, in which the author, Dr. Adamson, says that he has employed with success the sesquicarbonate of ammonia with the liquor arsenicalis in cases which had long resisted quinine; that he had treated ten cases with this combination alone, all successful—seven quartan, one tertian, two quotidian.

"His formula is—*R.* Sesquicarb. ammon., grs. v., dissolved in  $\mathfrak{z}$ i. of water, with the addition of five minims of liquor arsenicalis. All this given at a dose, and 'repeated every two or every three hours according to the frequency of the paroxysms.' No unpleasant effects, save some degree of griping in one patient, and itching of the eyelids in three.

"I remember that the late Dr. Sewall, of Washington, D. C., brought himself into notoriety soon after he commenced practice there,

by using the arsenical solution in miasmatic fever. I think that he relied upon it as the principal if not the sole remedy.

"If our New England men could go South provided with a change of flannel waistcoats and drawers, woolen socks, thick-soled shoes or boots, and be supplied with coffee or tea, and good water instead of alcoholic mixtures, they might well sustain themselves in conflict with any men at the South, especially if led by officers whose brains are not bewildered by anything worse than coffee. The soldiers at Richmond, if deprived of their spirit ration to save their breadstuffs from distillation, will be far more formidable in a prolonged fight than they have been.

"Now, my dear Sir, if you regard what I have said as an intrusion, or if I have said nothing but what has been well known and acted upon in Massachusetts, then please to lay it to the account of the solicitude of an old man for his country and for the brave sons of New England.

Very respectfully yours,

R. D. MUSSEY.

"Dr. DALE, *Surge. Gen. of Mass.*"

In a subsequent letter Dr. Mussey says :—

"*My dear Sir,*—I thank you for the kind and prompt notice of my remarks. It is gratifying to learn that our soldiers are adequately provided with the quinine. I see in the *Boston Medical Journal* of this week, a notice of Dr. S. Rogers's pamphlet on the protective virtue of this medicine against miasmatic fever, in which he recommends larger doses than by others have been said to be necessary. Is it not probable that different quantities of the antidote would be required in a proportion corresponding with the degree of concentration of the atmospheric poison?"

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OAKUM AS A SUBSTITUTE FOR LINT, IN GUN-SHOT AND OTHER SUPPURATING WOUNDS.—Dr. Lewis A. Sayre, Surgeon to Bellevue Hospital, New York, writes as follows to the Editor of the *American Times*, on a subject which at present possesses peculiar interest.

"I have for many years past been in the habit of using picked oakum, in all cases of suppurating wounds, particularly in connection with opened joints, where the suppuration is excessive. The great number of gunshot wounds now in Bellevue Hospital, where I use it entirely to the exclusion of lint, has furnished an opportunity for a number of army surgeons to examine its advantages, and they have requested me to make the subject more generally known to the profession through the medium of your valuable medical journal.

"One of the objects of lint applied to a suppurating wound, is to absorb the discharge; now as most of the lint is composed either entirely or in great part of cotton, it acts more like a tampon, or a retainer of the secretions, than as an absorber.

"If you will take a bale of cotton and immerse it in the river for one month, or even longer, and then remove it, you will find on opening it that the cotton in the centre of the bale is perfectly dry, thus proving that it cannot be soaked through any great thickness, or that it will not absorb moisture. So, when placed over a suppurating wound and left for some hours, it will be found perfectly dry except at the point of contact: acting, in fact, like a bung in a barrel, or a cork in a bottle—to prevent the escape of the pus—which necessarily burrows in different directions, thus forming extensive abscesses, and adding greatly to the danger of the patient; and when

removed, the pus will gush out in large quantities. Now, if you place picked oakum over these same wounds, you will find after the same number of hours, that the oakum is perfectly saturated with pus, and the wound itself almost perfectly dry and clean—the oakum acting like a syphon, and discharging the contents of the abscess by capillary attraction. It is necessary to place under the wound a piece of India-rubber cloth, or oiled muslin, for the sake of cleanliness; and in case of much inflammation, by simply wetting the oakum in cold water, and wrapping the oiled muslin around the limb, or wounded part, so as to exclude the air, you have at once the neatest and most comfortable poultice that can be applied to it. In gunshot wounds, which go through and through a limb, particularly if made with the 'Minié ball,' the whirl or screw of the ball entangles in its thread the muscular fibres and cellular tissue, and separates them from their attachments for a long distance from the real track of the ball itself.

"As the muscle and tegumentary tissues are more freely supplied with blood-vessels than the fat and cellular tissue, the consequence is that they begin to granulate much more readily than those other tissues, and will thus often close up the wound, and prevent the free escape of pus, before those parts have perfectly healed, and thus lead to the formation of extensive secondary abscesses. I, therefore, in all cases where no blood-vessels prevent it, pass an eyed probe through the wound and draw through it a few fibres of the oakum or tarred rope, which keeps it perfectly free, and the tar is a very excellent antiseptic, and removes all unpleasant odor.

"A few fresh fibres are twisted on the end of the seton at every dressing and drawn into the wound, and the soiled piece cut off and removed with the dressings.

"Another great advantage which the oakum possesses over lint, which in these times of heavy taxation is not to be overlooked, is its cheapness. Lint at the present time costs from \$1.25 to 1.35 per pound, whereas the finest picked oakum can be obtained at the 'Empire Oakum Works,' No. 149 West 39th street, for ten cents per pound. And if it were universally adopted in the army it would save many thousand of dollars to the Government, and I confidently believe the life of many a soldier. And no surgeon who has once used it will ever resort to lint again—particularly if the lint is made of cotton."

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**EXEMPTION OF FELLOWS OF THE MASSACHUSETTS MEDICAL SOCIETY FROM MILITARY DUTY.**—It has been decided by the proper authorities that the members of the Massachusetts Medical Society are exempted from draft, by their charter, one section of which reads—"The Fellows of the Society shall not be liable to be enrolled or mustered in the militia of this Commonwealth."

It will be well, however, for any Fellow whose name is likely to be taken by the enrolling officers, to exhibit at the proper time to the "Commissioners to determine claims of exemption," the evidence he has that he is a member of the Massachusetts Medical Society. Such a course will prevent all subsequent misunderstanding or trouble.

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**VENOMOUS CATERPILLARS.**—A most singular case, perhaps the only one on record, of death caused by caterpillars, occurred a few days

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ago in the commune of Dardilly, near Lyons. A little boy, not more than eight years old, had gone into a neighboring wood in quest of birds' nests. Perceiving one on the top of a tree, he climbed up; but in so doing shook down an immense number of caterpillars, many of which fell on his shirt, his only upper garment, and soon covered his breast, which was bare, and penetrated to his arms and shoulders. For a few minutes the child took no notice of this; but he soon felt such an itching sensation, that he was compelled to get down, and run home for assistance. Upon examination, his skin appeared covered with large red spots, which were soon followed by a general swelling, then by fever, somnolency, and delirium; and, notwithstanding all medical care, death ensued in the course of a few hours. The kind of caterpillar which caused this disaster was the *Bombyx processionea* of Réaumur, a very venomous species. Botanists know that if a nest of these insects be touched, or only stirred up with a stick, the person so doing, and remaining for some time near the spot, within reach of the emanations arising therefrom, will be attacked with a papulous eruption of a more or less confluent nature, which will last several days, and be attended with violent itching. Dr. Calmell, physician to the Hospital at Charenton, had preserved a nest of these caterpillars in a large glass phial, which was not opened for upwards of ten years. At length, the phial being accidentally wanted, it was opened in the presence of several persons, who all caught the eruption. This strange property has even suggested to several members of the faculty the idea of using these caterpillars in cases in which it is required to subject the skin to a strong and permanent irritation. We may remark, in conclusion, that the number of caterpillars which infest the trees this year all over France, is quite unprecedented—a circumstance which has called the attention of the authorities and of various learned societies to the question of protecting insectivorous birds, the only really efficacious enemies of the caterpillar.—*Galignani's Messenger*.

A correspondent of the London *Lancet* relates a similar case in his practice, though fortunately not fatal—the caterpillar in this case being, as the writer calls it, “of the sort called the woolly-bear.” The eruption resembled that of urticaria, became vesicular, and was attended with much constitutional disturbance.

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ST. MARY'S HOSPITAL, SAN FRANCISCO.—This institution has just been opened by the Sisters of Mercy. “The building,” says the *Medical Press* of that city, “is most admirably located, on the corner of Bryant and First streets, on a beautiful slope, overlooking the Bay, to the south and east. It is 75 by 150 feet on the ground, and four stories high; divided into twelve large and commodious general wards, and a like number of smaller wards; all fitted up in the best modern style, with every improvement calculated to make it compare favorably with the best hospitals in other cities. The Hospital is under the professional charge of Dr. Lee, as Resident, and Drs. Bowie, Toland and Whitney, as Visiting Physicians and Surgeons. An institution thus located, arranged and attended, must, in the nature of things, afford valuable opportunities for the practical study of medicine and surgery, and we have the assurance that these advantages are to be realized by the opening of the wards and operating room to practitioners and students of Medicine, and the generous politeness

with which its medical officers explain cases at the bedside and operating table."

**SUPPLEMENTARY MAMMÆ.**—Dr. Turner, of Newport, R. I., reports the following case, published in the annual "Communications" of the Rhode Island Medical Society.

"On the 2d of March, 1860, I attended Mrs. T——, in her first labor. Nothing noticeable occurred in the progress of the case, but coincident with the appearance of the milk in the mammæ, two glands in the axillæ (one in each) became enlarged, and secreted a sensible quantity of milk; so much, that a decided stream could be impelled to a considerable distance. There was no nipple or areola, and the largest of the glands was of the size of a large shell-bark, the other somewhat less. Dr. Hare speaks of the case he observed, as a detached portion of the mammary gland; mine, on the contrary, gave me the impression of distinct supplementary mammæ. Dr. Hare also speaks as if the case was of rare occurrence, and I do not recollect seeing any other similar record. In my case, the effort for symmetry, generally indicated, seemed to have prevailed."

Dr. H. S. Johnson, of Stoke-upon-Trent, mentions, in a late number of the London *Lancet*, the case of a woman with three breasts, the supernumerary one being just below the left mamma, and after confinement was found to be two and a half inches in diameter and full of milk. Before pregnancy it resembled a mole.

**A MODE OF ADMINISTERING COD-LIVER OIL.**—Many persons are unable to keep down cod-liver oil, returning it several hours after taking it, even when they have taken it at the beginning of a meal, and strange enough, only vomiting it after the digestion of the aliments has terminated. M. Dannecy having been consulted by many inconvenienced in this manner, and who yet swallowed the oil without any repugnance, recommended them to take after each dose from eight to ten grains of calcined magnesia suspended in a small quantity of water. The success of the plan was most complete.—*Union Médicale*, No. 153.

**BIRTHS AND DEATHS IN PARIS DURING 1860.**—There were born in the *arrondissements* in 1860, 51,056 individuals, and 41,261 deaths took place during the year, giving an excess of births over deaths of 9759. Among the 51,056 children born, 14,092 were illegitimate. During the year seven persons died, aged between 95 and 100.

**USE OF CHLOROFORM IN MIDWIFERY PRACTICE.**—Professor Martin, of Jena, as the result of observation in nearly 1000 cases, comes to the following conclusions:—1. Narcosis is induced very easily during childbirth, from a half to a drachm of chloroform usually sufficing. 2. The chloroform induces no unfavorable symptoms, nor exerts any ill effect upon the activity of the pains, which at most are slightly weakened at first. 3. Ill consequences do not succeed to the administration, providing the sleep which usually follows the narcosis, and during which the elimination of the chloroform seems to take place, be not disturbed. The favorable effects thus observed, Dr. Martin attributes to his mode of procedure—viz., commencing with small quantities of chloroform poured upon a small handkerchief, and so presented to the patient's mouth and nostrils that she may continue to

breathe atmospheric air while inhaling the chloroform,—*Medical Times and Gazette*, from *Froriep's Notizen*, Vol. iv., No. 22.

A Board of Health has been established in the city of Sacramento, California, and a Constitution adopted by the Board, and published. The *Pacific Medical and Surgical Journal* advocates the establishment of a similar Board in San Francisco, the sanitary regulations of which city are represented as very deficient.

At the Fourth Commencement of the Medical Department of the University of the Pacific, held March 13, 1862, the degree of M.D. was conferred upon five candidates. The number of graduates of this school are as follows:—Two the first session, one the second, six the third, and five the fourth. The daily attendance, during the last session, was almost twice as large as ever before.

Dr. S. Norton, of Wateringbury, Eng., writes to the Editor of the *Lancet* that a woman in his neighborhood, now aged 74, still continues perfectly regular in her catamenial periods.

**BOOKS OF THE SYDENHAM SOCIETY.**—The members of the Sydenham Society are informed that the Sydenham books for the year have arrived, and may be had on application at No. 1 Staniford street.

**NOTICE.**—We are requested to announce that the Forty-fifth part of Braithwaite's Retrospect was mailed on the 21st inst. from this office, to all members of the Massachusetts Medical Society residing out of the city proper, whose names are on the Treasurer's book as having paid their assessments. Members who have paid, and have not received the part, are requested to forward their vouchers, addressed to the Librarian, at the office of the Medical and Surgical Journal, and the work will be sent by return mail. Vols. 23 and 24 of the Library of Practical Medicine will be sent by mail to members who have not received them, and are entitled to the same, on receipt of the postage (18 cents), or by express, on application at the office of this Journal.

**VITAL STATISTICS OF BOSTON.**  
**FOR THE WEEK ENDING SATURDAY, AUGUST 23D, 1862.**  
**DEATHS.**

	Males.	Females.	Total.
Deaths during the week, . . . . .	45	40	85
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	54.8	50.8	105.4
Average corrected to increased population, . . . . .	..	..	120.4
Deaths of persons above 90, . . . . .	..	1	1

*Mortality from Prevailing Diseases.*

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Varicella.	Dysentery.	Typ. Fev.	Diphtheria.
14	15	0	3	2	0	3	1	0

**BOOKS AND PAMPHLETS RECEIVED.**—The Transactions of the New Hampshire Medical Society—(Seventy-first Anniversary).—Communications of the Rhode Island Medical Society, for 1862.

**DEATHS IN BOSTON** for the week ending Saturday noon, August 23d, 85. Males, 45—Females, 40.—Accidents, 2—Inflammation of the bowels, 1—disease of the brain, 3—bronchitis, 2—cholera infantum, 15—cholera morbus, 2—consumption, 14—convulsions, 3—cyanosis, 1—debility, 1—diarrhœa, 7—dropsy of the brain, 1—dysentery, 3—scarlet fever, 3—typhoid fever, 1—gastritis, 1—hemorrhage, 1—disease of the heart, 3—infantile disease, 1—intemperance, 2—disease of the liver, 1—congestion of the lungs, 2—Inflammation of the lungs, 2—marasmus, 4—old age, 2—paralysis, 1—premature birth, 1—unknown, 4—whooping cough, 1.

Under 5 years of age, 42—between 5 and 20 years, 4—between 20 and 40 years, 26—between 40 and 60 years, 4—above 60 years, 10. Born in the United States, 56—Ireland, 26—other places, 3.

# MEDICAL JOURNAL ADVERTISING SHEET.

**JOSIAH H. STICKNEY**, Veterinary Surgeon, has removed to 55 Temple street, third left door below Derne street. Aug. 28-4t

**FOR SALE**—A complete set of the Boston Medical and Surgical Journal, from its commencement to the end of the 66th Volume. The advertiser having given up the practice of medicine, has no further use for the work, and will dispose of the set on terms favorable to the purchaser.

Application may be made to the publisher of the Journal, who is authorized to make the sale. a 2l

**A PHYSICIAN**, who is retiring from the profession in consequence of his health, wishes to dispose of his location, situated in Massachusetts, about five hour's ride from Boston, to a well-qualified practitioner. This is a fine opportunity to secure a practice of \$2,400 per annum. He would expect any person treating for the same, to purchase his stock of medicines, surgical instruments, and a small but well-selected library. For address, apply at this office. Aug. 21-4t



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References to the first New York surgeons and others. Send for pamphlets. Aug. 14.

**FOR SALE**, the residence of a Physician just vacated for the Army; consisting of a good house, stable and garden, all in good order, with a practice worth from \$1,500 to \$2,000 a year, without competition. It can be bought on very favorable terms. Refer to Hon. SIMON EMERSON, Moultonboro', N. H.; GEO. SARGENT, M.D., Meredith Village, N. H., or JOHN S. EMBARSON, M.D., Camp Colby, Concord, N. H. July 31—ew4t

**ALEXANDER WOOD'S SYRINGES FOR SUBCUTANEOUS INJECTION**, sent by mail on receipt of price, \$4.

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French Skeletons and Preparations,  
Physicians' Medicine Trunks and Pocket Medicine Cases,  
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Elastic Hose for Varicose and swelled limbs,  
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From *Peretia's Materia Medica*, Vol. II. Part II. page 2243.

"The experience of the profession at large appears now quite to have established the fact that Cod-Liver Oil, is one of the most efficacious of all remedies in arresting the progress of pulmonary phthisis; that it enables patients to struggle on longer against the inroads of the disease, and thus enables them sometimes to obtain cicatrization and contraction of cavities which otherwise must have produced speedy death." Dec. 13.

**THE DAVIDSON SYRINGES**—the best and cheapest domestic instrument in use—if they get out of order in six months, repaired free of charge. For sale by **BARTLETT PATTEN**, June 13 Druggist, 27 Harrison Avenue, Boston.

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Those suffering from chronic disease, or nervous affections, or those wishing simply a temporary "retreat" from the cares and fatigues of city life, will be received, and furnished with appropriate medical, or hygienic, or dietetic treatment.

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John Ware, M.D. and John Homans, M.D., Boston.  
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Jersey City, N. J., Feb. 15, 1862.

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EDITED BY  
SAMUEL L. ABBOT, M.D.

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Whole No. 1801.]      Thursday, Sept. 4, 1862.      [Vol. LXVII. No. 5.

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## HARVARD UNIVERSITY. MASSACHUSETTS MEDICAL COLLEGE.

THE annual course of Medical Lectures of Harvard University will commence at the Massachusetts Medical College, in North Grove st., Boston, on the first Wednesday of November, 1862. The regular course will be as follows:—

Obstetrics and Med. Jurisprudence by Professor D. HUMPHREYS STORER, M.D.	
Morbid Anatomy by . . . . .	JOHN B. S. JACKSON, M.D.
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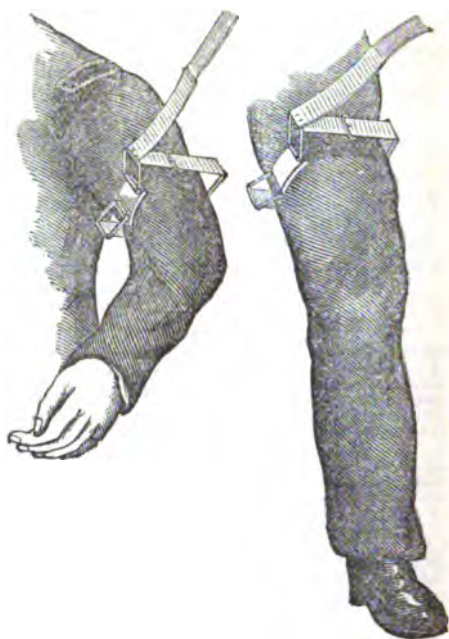
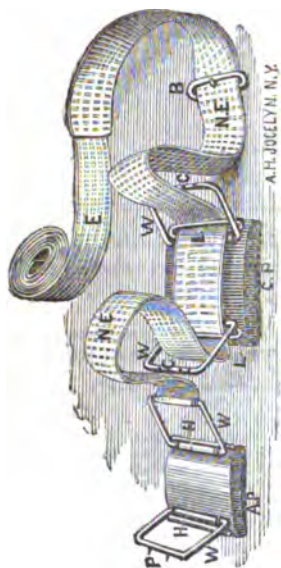
Students are requested, upon coming to Boston, to call upon the Dean.

D. HUMPHREYS STORER, *Dean of the Faculty,*

Aug. 7, 1862—tL

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Sept. 26

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Dec. 24—1y

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Boston, July 1st, 1861.

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Extract Nux Vomica,	½	Emetine,	½
Veratrine,	1-24	Iodide Mercury,	½
Sulphate of Morphine,	1-8	Valerianate Morphine,	1-8
Corrosive Sublimate,	1-12	Acetate Morphine,	1-8
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THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. LXVII.      THURSDAY, SEPTEMBER 4, 1862.

No. 5.

CASES IN COUNTRY PRACTICE.

BY JOHN ELLIS BLAKE, M.D., OF MIDDLETOWN, CONN.

[Communicated for the Boston Medical and Surgical Journal.]

No. VII.—ARTIFICIAL TEETH REMOVED FROM THE ŒSOPHAGUS.

IN the early part of the present summer (1862), I was called, in great haste, a short distance from town to see Mr. H——, a young man about 30 years of age, who (the messenger said) “was choking to death;” adding that he believed he had “*swallowed his teeth*.” Somewhat astonished at this, I took a few instruments with me, and was soon at the house. The young man was in a pitiable state, laboring for breath, his body bowed forward, his face livid, and once in a while clutching at his throat and mouth with his hands as if in extreme distress. It was now about 2, A.M., and it appeared that about an hour and a quarter before, whilst lying on his back, sound asleep, he had suddenly felt a suffocating sensation, and immediately after an involuntary effort at swallowing taking place, he found that his false teeth, of which he wore three (“front uppers”) upon a plate, had gone down his throat; and, what was worse, a moment afterwards an injudicious attempt to pull them up brought on another spasmodic attempt to swallow, which carried them far out of reach, and into a position where their pressure on the trachea caused extreme dyspnœa.

I give here a wood cut of the plate of the teeth, by which some idea of the difficulties to which its peculiar shape gave rise may be obtained. It will be seen that this is a plate of three teeth, bent upon itself at each side, and each curved portion fashioned into double prongs, so as to clasp about the natural teeth, and hold the set firmly in its place. The plate was of silver, and the edges of all the prongs quite thin and dangerously sharp. The position of these prongs and edges is such, that in a flexible tube, like the œsophagus, an



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attempt to move it in either direction would be liable to cause a point to penetrate the tissues, and hold everything fast.

I found, after several futile attempts to withdraw it (in which I got a good hold upon it with a pair of very long, slender, curved forceps), that it was firmly lodged in the œsophagus at a point between the top of the sternum and the thyroid cartilage. I presume it lay with its long axis (if I may so express it) across the tube, and so produced the greater dyspnœa. It evidently could only be removed by the use of considerable force; and putting aside the operation of removing it by incision from without as inadmissible, I proposed to try to get it *up* rather than to force it *down*, which, although it could be more easily done, would not be wholly free from danger, and promised by no means so satisfactory a result.

Keeping the blades of the long curved forceps before-mentioned firmly closed, they were passed down by the side and below the plate until I could use them as a lever, then by a sort of prying and lifting process, turning the forceps strongly with the right hand, assisted by the pressure of the left hand on the neck, I forced the teeth up quite a distance. Although this was done as gently as was consistent with the force required, it was a cruel trial for the half suffocated patient. The tissues it seemed could almost be *heard* to tear, and I have no doubt, from the sensation conveyed through the instrument to my hand, and from the symptoms of the patient after the operation, that the œsophagus was somewhat lacerated. As no delay could be allowed in the passage of the teeth over the chink of the glottis, the forceps were laid aside, and as soon as the patient took breath, having a small hand, I was enabled to force the left one far enough into the fauces to engage the tip of the middle finger under the plate, and then by a quick pull to bring it out; to my own satisfaction, and I hardly need add to the great joy of the patient. Some small vessels, large enough to bleed smartly for a few moments, were opened; but the whole amount of hæmorrhage was trivial.

The operation, of which I have spoken so much at length, was accomplished in a few moments after I reached the house; but I think the case worthy of relation (although I do not know it to be an *isolated* one), as a warning to those who, having false teeth, are so careless as to go to sleep without removing them from the mouth, or in some way making it certain to have them secure. A case, I remember, occurred in the practice of my preceptor and friend, Dr. J. Mason Warren, of Boston, in which, during etherization, a set of teeth fell back into the fauces, for a time threatening to suffocate the patient, and from which dangerous condition she was only rescued by extreme promptitude of action on the part of that surgeon.

I would remark here, that the natural, involuntary action of the œsophagus, by which the food, after passing a certain point, is carried on towards the stomach, is a great source of embarrassment in cases like the one I have related; for the irritation created by the

foreign body causes not only a constant spasmodic effort on the part of the patient to swallow, but puts the involuntary action in play, which is directly antagonistic to the efforts of the surgeon.

My patient suffered for some days from swelling and inflammation of the throat, and had great pain in swallowing, but was not long ill, and is now entirely well.

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## ON CATARACT.

BY DR. MAX TETZER, WITH ADDITIONS BY PROF. ARLT.

[From the *Allgemeine Wiener Medizinische Zeitung*, Nos. 1, 2, 3, 4, of the year 1862. Translated for the *Boston Medical and Surgical Journal*.]

In extracting, we have to remove from the eye the whole of the contents of the capsule by a clean-cut incision of the cornea, without wounding, especially without bruising, the iris, and without penetrating the vitreous humor. The opening made in the anterior capsule must be such that, after the lens has passed out, it may retract from the range of the pupil towards the zonula Zinnii.

The first requisite for the removal of the whole of the lens is the thorough ripeness of the cataract; it is ripe when the lens is opaque throughout up to the capsule, when no part of the peripheral layers remains transparent, and the period of swelling has passed. When the opacity reaches the cortical layer on the anterior surface and becomes general, the fibres of the lens swell up and press the anterior capsule forwards, so that the lens becomes thicker from before backwards. At this time we can generally recognize the spoke-like arrangement of the fibres; and the radiating stripes of varying breadth often present, with a favorable light, a pearly lustre, being situated with regard to the capsule somewhat as the coating of a looking-glass is to the glass. Subsequently gradual breaking-down and partial absorption, at least of the superficial layers, takes place; the lens diminishes in size; its antero-posterior diameter may become even sensibly shorter than before the beginning of the cataract.

It is only the mature cataract (in the sense explained above) that can be easily and entirely removed from the eye, when the other conditions are satisfied. In the case of a lens whose peripheral layers are more or less transparent, there always remain behind more or less considerable pieces, even if all the other conditions for removal are favorable. Likewise, if we operate at the period when the lens is swollen (as explained above), portions almost always peel off. When pieces of considerable size remain behind in the eye, they are, as we shall presently show, by far the most frequent cause of an imperfect or even an entirely unsuccessful result; and the removal of remnants, although opaque, is often effected only with the greatest danger, and frequently is quite impossible.

As the period from the beginning to the completion of the clouding of the lens varies in different cases, we cannot in general judge

as to the completeness of a cataract from the length of time it has existed in a given case. Yet this item is always worth considering, and especially in double cataract is it sometimes important, as we generally find in spontaneous and especially in senile cataract that the cloudiness begins later in one eye than in the other, and progresses at an equal rate in each. Neither can the degree of loss of vision be considered decisive as to the fitness of the cataract for operation, even supposing no complications, and the eye to be otherwise sound. For cataracts which are quite ripe allow more light to reach the retina, and diffuse it less than those which are incomplete; especially when the cloudy portion is more homogeneous, when a part of the opaque cortical substance has become absorbed, and the antero-posterior diameter has diminished. Patients with such a cataract sometimes state that they can see better with the eye than they could a short time previously. Sometimes eyes with complete cataracts can count fingers if within six inches, the light coming from behind, while eyes with the cortical substance still partially transparent show only quantitative sensibility to light.

The surest method of determining whether the cloudiness has become total, is the examination of the lens by daylight, and by the so-called oblique or focal illumination with artificial light. It is often necessary to dilate the pupil with a few drops of sulphate of atropine (half a grain to a drachm of water). The light of a lamp concentrated by a convex glass of two or three inches focal distance being thrown upon the lens, we can easily see whether transparent fibres are present between and behind, or in front of the opaque ones. If we bear in mind that when the pupil is only moderately dilated, the pupillary edge of the iris rests immediately on the anterior capsule, and further that in advanced age the nucleus of the lens is more or less yellow (the color may be compared to that of catgut), while, on the contrary, the cortical fibres always appear white (gray or bluish), then we have the necessary data for estimating the position and thickness of the cloudy cortical fibres. The more clearly the yellow nucleus shows through, the fewer are the cloudy cortical fibres that lie in front of it; either because many of the cortical fibres still remain transparent, or because a large part of them are already absorbed. To determine which of the two is the case, we examine the anterior chamber.

In judging of the ripeness of the cataract it is very important to consider the position of the iris and the size of the anterior chamber; that is, its size in one eye as compared with that of the other; since its absolute size is very variable, being large in myopic, and small in hypermetropic and presbyopic eyes. Supposing both eyes before the commencement of the cataracts to have equally large anterior chambers, if the one lens is still sound or only slightly cloudy, then the size of the corresponding anterior chamber can serve as a safe measure to determine whether that of the cataract-eye has become greater or smaller. Its diminution indicates swell-



ing, its increase shrinking (partial absorption) of the cortical substance.

To recognize small differences in the size of the chamber, imagine a cataract-knife passed through the edge of the cornea, or a plane passed through the greatest circle of the cornea (its edge); we must, however, then look at the eyes from the front in the direction of the axis of vision, and not from the side. For in the latter case the pupillary edge, if only slightly advanced, appears much too far forward. The pupil always seems to be a little larger and nearer us than it really is, as the cornea and aqueous lie in front of it. If we lay a plano-convex glass on the printed lines of a book, and look in the direction of the axis of the glass upon the lines underneath, the letters seem enlarged and nearer, but still the lines are pretty straight, and the middle portion of them is hardly perceptibly displaced. If we look from the side, the line appears curved, the convexity being forward towards the glass. So our judgment of the position of the pupillary edge of the iris is nearest the truth when we look into the eye nearly or quite in the direction of the axis of vision.

When the cataract is ripe, the lens lies more or less loose in the capsule, as a ripe fruit in the shell. But when the lens is only partially cloudy, the transparent layers of fibres adhere just as firmly to the capsule as in a perfectly sound state of the lens. By the process of swelling and the consequent changes of the cortical substance, the normal connection is more or less loosened and destroyed. When once the height of the swelling is passed, i. e. the serous soaking and swelling of the cortical fibres, then two changes may occur: either there begins fatty degeneration and liquefaction of the cortical substance, formation of an emulsive fluid, in which the nucleus, becoming gradually smaller and smaller, always sinks to the bottom, until it finally quite disappears, or the fluid elements are simply absorbed, the layer of cortical substance becomes thinner, especially in the middle portion in the position of the pupil, and the lens presenting all the characters of a hard cataract becomes shaped somewhat like a placenta, but with the edge rather sharp than round.

For our purpose it is at present superfluous to describe the subsequent course of these changes. Cataracts whose cortical substance has undergone fatty decomposition, are called by Arlt over-ripe. They may sometimes occasion great difficulties to the operator.

[To be continued.]

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#### OIL OF SAVIN AS A REMEDY FOR INTERMITTENT, ETC.

MR. EDITOR,—Shortly after the battle of Fair Oaks, or Seven Pines, I was prostrated by an attack of fever, supervening upon a bowel complaint which had troubled me for a few weeks, though it had not

prevented my attending to duty as usual. I had, however, been considerably weakened by the latter complaint, and the accession of fever, together with a dangerous increase of a pulmonary complaint which has been gradually gaining upon me for the last three years, convinced me that it would be some weeks before I could resume my duties, if I ever did. I therefore resigned my position in the 3d Michigan Infantry, and returned home; since which time I have been confined to bed, without any perceptible gain in strength or weight, being only able to sit up an hour or two at a time.

To-day I was reading Taylor's Medical Jurisprudence, 4th edition, and found, under the article Savin, a case where a medical man was transported for having administered the oil in doses of 14 drops to a pregnant female, although it would appear that he was ignorant of her pregnant condition. I say it would appear that he was ignorant of the fact, for the female's evidence went to prove such ignorance, and his conviction of a criminal intention rested mostly upon moral evidence. The female had told him that she had an affection of the heart and liver, and he did just as any one would, he decided that *she* did not know what was the matter; and finding the catamenia suppressed, he probably attributed the whole difficulty to that, and prescribed the oil in powerful emmenagogue doses. On the whole, I think he was very unjustly dealt with, and the evidence of one of the medical witnesses—that such doses were never prescribed except for purposes of abortion—savors of that malicious spirit of envy which, to the disgrace of the profession, is so often found to take the place of fraternal sympathy.

It occurred to me that I would put on record a case which may help to neutralize such evidence hereafter. It is as follows:—An acquaintance of mine, whose son had been for some months troubled with frequently recurring attacks of intermittent fever, called at my office, one evening, and said that for a few weeks past the intermittent had not returned; that he was told that 40 drops of the oil of savin, given with a little sugar, was a specific for recurring ague; and he had accordingly given him 40 drops on a lump of sugar, since which time the ague had not returned. I expressed my surprise at the extent of the dose, and inquired as to the effects. He said he gave it as the chill came on, and he observed “no effects more than if he had taken a glass of any hot stuff.” I asked if he had known of others having taken such doses with impunity. He said he had not, but that the person who recommended the remedy to him told him that *he* had known of several cured by it. It would appear, therefore, that the oil may be used in three or four times the quantity that medical men generally have heretofore considered it safe.

As to its abortifacient powers, I know, but little from observation, although it is purchased in considerable quantities here, or rather in a great many small quantities (the amount being generally from one to two ounces), by both married and single females. One female, who applied to me for assistance, stated that she knew of its having been

effectual in 10 drop doses, repeated every three hours, for two days; but that double the quantity had failed in her case.

Trusting that this little item may be of use, I give it, with my best wishes.

GEO. B. WILLSON.

*Port Huron, Michigan, August 25, 1862.*

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ON THE EMPLOYMENT OF A HEATED THERMOMETER FOR THE  
MEASUREMENT OF THE COOLING POWER OF THE AIR  
ON THE HUMAN BODY.

By JONATHAN OSBORNE, M.D., KING'S PROFESSOR OF MATERIA MEDICA, ETC., ETC.

PHYSICIANS often anxiously examine meteorological tables in order to ascertain the localities best suited to their patients. There is no want of such tables; and many of them constructed with great care and elaboration. Within late years we have not only observations thermometric and barometric, with their highest and lowest daily readings, but those of the wet and dry bulb-thermometer, in order to supply us with data for estimating the amount of moisture in the air; and, in the more extensive establishments, the anemometers and rain gauges appear to complete the entire collection of facts respecting the state of the atmosphere, according to our present mode of observing.

When, however, we wish to learn from such tables the state of localities with reference to their actual influence on the human body, we encounter a deficiency which all have experienced, and which is often attempted to be supplied by an appeal to popular observation, and by resorting to the sensation of hot and cold, possessed in common by the most barbarous as well as the most civilized classes of mankind. Thus, in some localities with a high thermometric temperature, we are informed that invalids complain of the cold; and in others, where the thermometer proclaims it to be cold, the inhabitants find it to be warm. Vague and inaccurate as these popular statements must be, yet, without them, no just estimate of climate can be formed. Within a short period a highly respectable physician brought forward his thermometric observations as an irrefragable testimony of the mild and genial climate of a certain place on the western coast of Ireland, where even the trees are stunted in their growth by the constant wind blowing from the Atlantic. One such example of this kind is surely a sufficient proof that up to the present time we are more dependent on our feelings of cold and heat, imperfect though they may be, than on any meteorological observations hitherto made, and that they are required to enable us to form a judgment as to the cooling or heating qualities of the air.

Several years ago, under a deep conviction that our thermometric observations, as hitherto conducted, were inadequate to instruct the physician in what he most desires to know respecting climate, I brought before the British Association, at their first meeting in

Dublin, a proposal for using a heated thermometer. This was accompanied by several illustrations of the behavior of such an instrument under various circumstances, in order to prove its applicability to every condition of climate or locality. The eminent persons at that time assembled in the section expressed their approbation, and three committees were appointed, viz., one in London, one in Edinburgh, and one in Dublin, to investigate the subject. However, as I did not feel called upon to bestow more labor on a subject which ought to have no more interest for me than for others, it has continued to be neglected up to the present time. Some years later, when the meteorological survey of Ireland was undertaken, under the auspices of the Royal Irish Academy, I suggested that observations with the heated thermometer should be included among those to be made at the various stations. It was recommended by some members of the committee, whose names, were I to mention them, would at once enlist the confidence of the scientific world in its favor; but it was considered by the majority to require too much trouble on the part of the observers, and was consequently abandoned.

Since its first introduction I have never yet been shaken in my opinion of its value; and have subsequently made some changes in order to render its use more intelligible, and, at the same time, to facilitate its application to various practical purposes. The great object has been to render the all-important agencies of heat, and cold, and climate, subject to actual measurement, so that they may be entirely, and without any exception or reserve, dealt with like any of the other appliances of medical science.

The principle on which the use of the heated thermometer depends is easy to be understood. The bulb being heated up to  $90^{\circ}$  Far. represents the heat of the surface of the human body; when in this state it is exposed to a cooler medium—whether in air, or water, or a mixture of both, as moist air—and allowed to cool to  $80^{\circ}$  Far.; the time required for cooling these 10 degrees represents (inversely) the cooling power exerted by that medium, whatever it may be, or however applied. This cooling power is derived from other agencies besides difference of temperature—as from radiation of the neighboring objects, conducting power of the surrounding medium, and more especially from currents causing various proportions of it to be brought into contact with the heated body within a given time. Now these agencies have their combined results exhibited in the degree of rapidity with which the cooling is effected. Placed, as we are, in a medium, with few exceptions, always below  $80^{\circ}$ , we are constantly undergoing a process of cooling. In our ordinary clothing we feel just comfortable at  $56^{\circ}$  in-doors; but when exposed to a current of air, even at the same temperature, we feel cold in proportion to the force of the current, or in proportion to the conducting power imparted to it by increased moisture. Both these are agencies of which the thermometer takes no notice. Its indications

are furnished by the contractions or expansions of a fluid, whether mercury or spirit, which always maintains the same temperature as the surrounding medium, and accommodates itself to these changes by altering its own density in the same proportion. The living animal, on the contrary, as always maintaining a temperature of its own, and as constantly resisting cooling agencies, is not to be considered as passively submitting, like the fluid of the thermometer in its ordinary state. When heated to  $90^{\circ}$  Far.—that being nearly the temperature of the surface of our bodies—in the rapidity with which it is cooled, depending on the intensity of the cooling influences, it furnishes an index to their combined effect. It does not depict the force of any one of the cooling influences taken singly, but gives the sum of them all acting simultaneously.

This accomplishes the great desideratum of rendering the thermometer practically useful. As the instrument thus heated becomes the representative of the heat at the surface of the human body; and the rapidity with which it is cooled represents the energy of the cooling forces; I venture to propose that, under this adaptation, it should be called the *animal-heat thermometer*. The less the number of seconds in which it cools, the greater is the cooling power, and *vice versa*; so that the greatest warmth is expressed by the greatest number of seconds required for cooling down a given number of degrees. The thermometer for this purpose is to be graduated only from  $90^{\circ}$  to  $80^{\circ}$  Far. At each observation it must be heated up to  $90^{\circ}$ . This may be done by immersing the bulb in warm water; after which it must be wiped. Or it may be heated in its tin case over a spirit lamp. Another mode of heating it, which appears very unscientific, but is very convenient when out of doors, is to hold the bulb of the thermometer close to the neck of the observer, inside his shirt collar, for two or three minutes, when it may always be heated to the required temperature, or even a few degrees above it.

For the *animal-heat thermometer*, the number of seconds during which it cools these  $10^{\circ}$  forms the scale of measurement. The number one commences when the instrument is plunged into water at, or nearly at, freezing point; and for the other end of the scale, when in calm air, at temperatures approaching  $80^{\circ}$  Far., the number of seconds will amount to several hundred. At these high temperatures it would be most convenient, and even become necessary, to take only the five degrees from  $90^{\circ}$  to  $85^{\circ}$  Far.; and in this case the number of seconds would be much less than half, from the rapidity of cooling being in a greatly increased ratio to the difference of temperature.

A very important consideration is the choice of thermometers. For this purpose they should be without any kind of frame, except a hook at the top for convenience of suspension. I prefer the spirit thermometer as being more easily seen, and as less rapid in its descent than mercury, and the cylindrical bulb as being less liable

to be broken than the spherical bulb. In order to obtain uniformity in the action of different thermometers, to be used by observers in different localities, it will be necessary to place a number of them, previously graduated at  $80^{\circ}$  and  $90^{\circ}$ , in cold water and cold air of certain assigned temperatures, and to select from these such as cool down at what shall be fixed as a standard rate.

For example, the thermometer now used by me cools down the  $10^{\circ}$  in water at rest, temperature  $45^{\circ}$  Far., in 6"; and in water at rest, temperature  $65^{\circ}$  Far., in 12". In water the cooling is too rapid to secure accuracy in counting the seconds, and therefore must not be depended on. The rate of cooling in air may be taken by placing the thermometer in the middle of a cylindrical bottle of certain dimensions, say two inches in diameter, so as to guard it against currents. If the thermometer which I now use be taken as a standard, its rate of cooling from  $90^{\circ}$  to  $80^{\circ}$ , within this cylinder, is as follows:—At  $40^{\circ}$  it cooled in 122"; at  $60^{\circ}$  it cooled in 186". If the instrument was not enclosed within the cylinder the results would be very different and very uncertain, from the effect of currents of air, even in the most sheltered apartments, as will be evident from experiments to be mentioned hereafter.

For counting the seconds a second watch may be used; but as it requires some practice to keep the eye both on the thermometer and the dial at the same time, and especially at the moment of stopping, the easiest mode is to use a string pendulum vibrating half seconds. This is portable; and the rod or ring to which it is attached may be suspended any where within view of the observer, due care being taken that it shall not produce a current of air so as to affect the bulb of the thermometer.

The following observations are intended to illustrate the facts exhibited by the heated thermometer:—

First.—*It shows the conducting power of air or water, respecting which the ordinary thermometer is absolutely silent.*

The temperature of an apartment warmed with fire and gas was  $54^{\circ}$  Far.; in it the *animal-heat thermometer* cooled from  $90^{\circ}$  to  $80^{\circ}$  Far. in 94". The same heated thermometer, in water of same temperature, cooled the same amount in 8". Thus showing that water at  $84^{\circ}$  Far. is nearly 12 times as cold as the air at the same temperature—a fact conformable with our sensations on taking a cold bath of the same temperature as the air, but of which the ordinary thermometer takes no notice.

In a closed room, temperature  $40^{\circ}$  Far., it cooled in 74". In the same room, same temperature, the bulb loosely covered with a piece of damp woollen cloth, it cooled in 36". Thus showing the effect of damp clothes, even in the house, to be as 2 to 1. This proportion would, no doubt, be greatly augmented out of doors, and by exposure to a breeze.

Second.—*It shows the cooling effects of currents in the surrounding media of air or water.*

In water at rest, temperature  $70^{\circ}$  Far., it cooled in  $24''$ ; but when agitated in the same, in  $15''$ . In this simple experiment we see the real limit to swimming. Great as are the muscular achievements in which some men excel their fellows, none have ever been able to swim beyond a certain distance—such as that across the Hellespont—because the application of fresh surfaces of water, even of the ordinary temperature, cools the body beyond its powers of supplying heat. Here we have the cooling as increased by progression compared with our remaining stationary in the water in the proportion of  $100^{\circ}$  to  $60^{\circ}$ , which would be much greater at a lower temperature.

In a room, temperature  $57^{\circ}$ , the *animal-heat thermometer* cooled in  $115''$ . When blown on with a bellows, in the same room, it cooled in  $16''$ . It is needless to say that the thermometer, in its ordinary application, gives no note of this difference; the wind blown from the bellows having the same temperature as the air of the apartment, and yet the cold is nearly as  $100$  to  $14$ . This cooling effect of currents is illustrated by the punkah used in the East, and by the ordinary fan. Even in a room, with all the windows and doors shut, there are cooling effects of the internal currents to be measured by this instrument. Thus, the animal-heat thermometer, in a closed apartment, temperature  $60^{\circ}$ , cooled in  $131''$ . Placed in the same apartment, in a cylindrical glass jar about two inches in diameter, it cooled in  $157''$ ; showing the warmth in the one case to that in the other as  $83$  to  $100$ —of which the thermometer gives no indication.

Third.—*It shows the effects of wind, that most important element of climate, and which is entirely unheeded by the ordinary thermometer.*

Exposed to the open air, temperature  $61^{\circ}$ , it cooled in  $45''$ . Exposed to the same air, but protected by the glass cylinder, it cooled in  $149''$ ; showing the warmth experienced in the one case to be to that in the other as  $30$  to  $100$ ; and yet in our best thermometric accounts of climates this difference is unnoticed, as if it did not exist.

I have learned from a lady, once resident in St. Petersburg, that during the great severity of winter, when the thermometer is at many degrees below zero, the drivers of public vehicles are bound to be at their stands; but if there is a wind, even to a small degree, they may stay at home, it having been ascertained that dangerous and even fatal effects resulted from such exposure. Similar observations are recorded in the journals of our arctic voyagers.

This cooling effect of the wind, which makes itself to be felt even when blowing at a moderate temperature, has not hitherto been attempted to be estimated—and it is improbable that it will ever be accomplished in any other way than that now proposed. Even with respect to the anemometer, supposing that it could be rendered applicable to this purpose, yet difficulties meet us *in limine*. Mr. Glaisher (Report on Meteorology, 1847) says that “we can speak

with no confidence as to the average strength of the wind, no two observers having estimated the value upon the same scale."

Fourth.—*It shows the refrigerating effect of air admitted into apartments from open windows.*

In a room without a fire, temperature  $44^{\circ}$ , it cooled in  $72''$ . In the same room, within a foot of the window open a few inches, the night being calm, and the external temperature being  $34^{\circ}$  Far., it cooled in  $32''$ . In this observation the night was remarkably calm, and yet the cooling effect produced was more than two to one, although the difference of temperature, according to the ordinary thermometer, was only that between  $34$  and  $44$ .

On another night, the internal temperature being  $51^{\circ}$  and the external  $45^{\circ}$ , the *animal-heat thermometer*, in the same apartment, near the closed window, cooled in  $100''$ ; but when a small portion of the window was open, so as to admit a blast from without blowing in that direction, it cooled in  $33''$ ; that is, the warmth which was as  $100$  suddenly became as  $33$ , a ratio which would be greatly increased if the apartment had been at a high temperature; and it is in such cases that windows are most frequently opened for the admission of air.\*

Fifth.—*It shows to what degree the heat derived from an open fire-place is accompanied by a cooling process from the current of air rushing towards the fire.*

In front of a small screen opposite the fire the thermometer stood at  $61^{\circ}$  Far., the *animal-heat thermometer* cooled in  $123''$ . Behind the same screen the thermometer stood at  $54^{\circ}$ , the *animal-heat thermometer* cooled in  $79''$ . Now, in an apartment of the same temperature, the *animal-heat thermometer*, not near the fire, cooled in  $100''$ . This shows, that in the case of a man sitting opposite the fire, warm as his shins may be, the calves of his legs are not only not warmed, but are exposed to a cold above that of an ordinary apartment of the same temperature in the proportion of  $100$  to  $79$ .

Sixth.—*It shows the cold and heat of climates as actually felt by human beings.*

The tables which I have kept to compare the *animal-heat thermometer* with the ordinary thermometer, as a means of measuring cold, prove the latter to represent only one out of several agencies engaged: hence, while sometimes a certain conformity between them is observable, yet the *animal-heat thermometer* takes a much

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\* The cold air thus applied becomes indeed "*the arrow that flyeth by day,*" and signalises its visit not so much by present inconvenience as by those various inflammatory and often fatal disorders resulting from it, which are so well known to the medical practitioner. In a long corridor at Sir Patrick Dun's Hospital, formerly left exposed to a violent current of air from open doors at the end of it, and felt to be inclement and dangerous even by those most reckless of cold, I believe it could be proved that to stop in it for a stated number of hours would be attended with more danger than to be present for the same space of time in any of the great battles fought in Europe. In none of these have the killed and wounded amounted to more than one-fourth of the armies engaged; a portion inferior to that of the fatal and dangerous diseases certain to be produced by the blast in that corridor during the same number of hours. The agency of cold as a cause of disease is apparent in the tables of mortality during the months of winter as compared with those of summer. Even during the latter season the same agency is in active operation. From an estimate which I made of the patients, in summer, at Sir P. Dun's, most of them chronic and all serious cases, above one-half were to be distinctly referred to cold variously applied, but in the greatest number to currents of air.



wider range, shows a greater sensibility, and always has this distinctive peculiarity, that it represents the temperature as judged of by the feelings of the observer. This conformity between the results of the *animal-heat thermometer* and our feelings is confirmed no less on taking averages than in individual observations. Thus, on comparing two tables—one of 20 days' observations, taken in September, outside a window with a north aspect, but in some degree sheltered from that wind, and the other table of 24 days' observations, taken inside the apartment, which was always without a fire, the heat of the outside was to that of the inside, according to the ordinary thermometer, as 90 to 100, but according to the *animal-heat thermometer*, as 54 to 100. Now, that this latter number expresses the truth must be evident to any one who has ever enjoyed the shelter of a house as contrasted with exposure to the open air.

When we find in Professor Dove's isothermic lines that in the month of January the temperature of the centre of Ireland is the same as that of Montpellier or Marseilles, we see a statement so contrary to the experience of living men and women as to proclaim loudly the want of some other means for ascertaining the effects of climates besides those hitherto in use. It is under the conviction that this mode of observation supplies the defect, that it is submitted to the medical profession as most immediately suited for their purposes.

The apparatus is so simple, the method of using it so easy, and its results so exactly accordant with the effects produced on the sensible surface of the human body, that by it the one instrument seems to present us with an epitome of all that we want to know from all the instruments now used in meteorology: hence, then, long as this proposal has been neglected, I cannot refrain from attributing it to the imperfect manner in which it has been brought forward; and I still hope that, sooner or later, it may attract the notice of those who shall have the opportunities of testing its utility and practical importance.—*Dublin Quar. Jour. of Med. Science.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, SEPTEMBER 4, 1862.

We stated in our last, on high official authority, that the Fellows of the Massachusetts Medical Society are, by a clause in their Charter which we copied, exempt from enrolment for military duty. We have since been informed that the statement is incorrect, the clause having been set aside by the Supreme Judicial Court in 1812. The question is not likely at present to be one of any great practical importance, as the prospect is that the new levies will be filled without resorting to a draft. As a question of patriotism we do not fear that the members of the medical profession will be behind the rest of the

community in any position where their services may be needed by our country. They have already done an incalculable amount of work, and have shown themselves ready to go forward as volunteers, whenever a sudden emergency, like that which at this moment stirs the community to its very centre, calls for their services in aid of our overtasked brethren in the field. Massachusetts has just sent some of the most prominent members of the profession to Virginia, in answer to the call of the Government, and the number who offered their services was larger than was asked for. The following physicians and surgeons have volunteered their services. As the Surgeon-General had only orders to send twenty, whereas some forty offered, the rest were obliged to go on their own responsibility:—

Dr. George H. Gay, John Whitten assistant, Drs. Henry G. Clark, C. H. Stedman with his son as assistant, J. H. Dix, H. I. Bowditch and assistant, J. S. Flint, C. E. Buckingham, G. F. Bigelow, D. McB. Thaxter, J. H. Blake, W. H. Paige, A. Rupper, S. H. Carney, H. L. Shaw, R. J. P. Goodwin, and J. Green and assistant, of Boston; Drs. H. A. Martin, J. Waldo, B. F. King, J. G. Arnold, and W. S. Coffin, of Roxbury; Drs. Anson P. Hooker of East Cambridge, L. B. Morse of Watertown, J. H. Warren of Dorchester, W. G. Breck and Alfred Lambert of Springfield; L. S. Davis, P. W. Hartley, W. G. Bennett and assistant, of Fall River; Drs. Child, O. E. Brewster, P. L. Miller, P. H. Manning, A. M. Smith, E. V. N. Fisher and Cady, of Pittsfield; Drs. Haddock of Lynn, Aiken of Dedham, Francis of Brookline, and P. P. Ingalls.

We published last year, at the request of a correspondent, the most important items in the fee table of the Boston Medical Association. Since then we have met with several local fee lists in various American Medical Journals, among them the following for Cincinnati, which we take from the *Cincinnati Medical and Surgical News*. The fee list is introduced by a series of resolutions setting forth the necessity of increasing the rate of charge which has been the standard since 1843, when the expenses of living were much less than at the present time, &c., of which resolutions we print the last:—

“Resolved, That while for the purpose of securing such remuneration, promoting uniformity so far as practicable, and thus avoiding troublesome litigation, we pledge ourselves to be governed by the following fee bill in our charges to those who are able to pay; we will, nevertheless (as we have ever done), exercise clemency to those less favored by Providence, and will give our time and strength willingly and cheerfully to the suffering poor, without a wish for compensation.

“For a single visit or advice in ordinary cases, where no further attendance is required - - - - -		\$2.00 to 5.00
Each ordinary visit, maximum charge, - - - - -		2.00
An extra charge to parts of the city remote from the residence or office of the Physician		
Visit to country in addition to regular charge, per mile - - -		1.00
Special visit in city at time appointed by patient or friends - - -		3.00
Night visit after 10 o'clock - - - - -		5.00
With extra charge for distance, per mile - - - - -		2.00
First consultation visit - - - - -		5.00 to 10.00
With addition for distance, per mile - - - - -		1.00
Subsequent consultation - - - - -		2.00 to 5.00
Consultation at night - - - - -		10.00 to 15.00
With mileage for country at the rate per mile - - - - -		1.00

After the first consultation, if the consulting physician attends regularly at every visit of the attending physician, each should charge	2,00
Visit to Newport or Covington	3,00 to 5,00
“ “ “ at night	6,00 to 10,00
“ “ “ in consultation	8,00 to 12,00
“ “ “ in consultation at night	12,00 to 15,00
Obstetrical services in natural labor, with ordinary detention	25,00
Difficult or protracted labor, according to the detention, danger, and responsibility involved	30,00 to 100,00
Each necessary visit after confinement	2,00
Written opinion or advice	5,00 to 25,00
Office advice	1,00 to 10,00
Certificate for Life Insurance	5,00
Venesection at office	2,00 to 3,00
Vaccination, including visit	3,00 to 5,00
Where more than one member of a family is vaccinated at same time, additional for each	1,00
Subsequent visit for inspection	2,00
Introduction of catheter or bougie, including visit	5,00
“ “ “ at office	3,00
Visit to transient persons at hotel or steamboat	2,00 to 5,00
In obstetrical cases, if the accoucheur arrives after the birth of the child, and only delivers the placenta	10,00 to 15,00
Post-mortem, at request of friends	25,00

“The practitioner is expected to charge extra according to his discretion for unusual detention in any case, or for special services not above provided for, such as the use of the speculum, injecting uterus, physical examination of the chest, &c. In addition to which, we should exercise the privilege (which lawyers always claim) of demanding of our wealthy patients a special fee in very important cases, involving great risk of life to the patient, and corresponding solicitude and responsibility on the part of the medical attendant.

“The following resolutions were adopted:—

“*Resolved*, That it is the sense of this meeting that any physician may depart from the fee bill now adopted when he honestly believes that the circumstances of his patient require it.

“*Resolved*, That medical bills be considered as due when the services are rendered, and that it be obligatory to collect at least twice a year.”

We copy the following useful article, by Dr. T. H. WALKER, on Camp Diarrhœa, from the August number of the *Chicago Medical Journal*:—

“While I was engaged in the army before Corinth, diarrhœa prevailed as an epidemic throughout the camp, rendering the soldiers unfit for duty. I had a large number of patients under my charge, the majority of the cases being complicated with intermittent fever, producing great prostration and difficulty in treatment.

“The disease was usually ushered in by loss of appetite, irritability of the stomach, frequent vomiting, and intermittent pulse. The evacuations from the bowels were very frequent—often as many as thirty in the day.

“The treatment adopted by the Surgeons was very diverse and unsatisfactory.

“By close examination, I found that the alimentary canal was loaded with undissolved ingesta. There was pain arising from the irregular and violent peristaltic action, with soreness throughout the course of the large intestine, the frequent stools accompanied by distressing tenesmus. The secretion from the liver was irregular, often excessive

and of an acrid nature. The skin was sallow and the tongue heavily furred; the pulse compressed; frequently headache and disturbed sleep.

"The causes are various, the hepatic disorder apparently often secondary to the intestinal irritation—apt to be provoked by excessive use of stimulants; exposure to cold and wet, especially in the fall months. In this case there is usually less pain, unless it passes into dysenteric diarrhœa from the presence of aggravating influences.

"The primary step in treatment is to remove the cause if it can be ascertained. My attention was first directed to the sanitary condition of the camp. I caused the tents to be rolled up, aired and dried, and all offensive matters to be removed; and both the invalided and healthy soldiers to be washed, and their clothes to be changed and cleansed as often as the conveniences of the camp would admit.

"Next I looked to the food and cookery department, which I found extremely faulty, soldiers often neglecting to more than half cook their rations, with resulting indigestion and passage of the crude mass into the intestines, exciting and intensifying the morbid action. There was not much choice in diet to be had in camp, but by proper attention to its preparation a great barrier to the return of health was surmounted. The means for making a nourishing and suitable soup are always at hand in camp; meat, beans, rice, and even potatoes, which, by the skill of any competent cook, can easily be made into a soup perfectly harmless and wholesome.

"So far as medication was concerned, I usually commenced my treatment by giving large doses of sulphate of magnesia to wash out the contents of the bowels. I then administered ipecac, opium, hydrarg. cum creta and quinine, the proportion of each varying with the peculiarities of each case. In the course of twenty-four hours the evacuations would assume a dark color, and convalescence rapidly ensue. The ipecac and opium were given in moderate doses. The hydrarg. cum creta appeared to act in the most salutary manner in cases where calomel would irritate excessively. The quinine, when there was intermittent complication, when given alone did not fail to aggravate the difficulty, but in the above combination had a most happy effect.

"Of eighty-eight cases under treatment at one time, the whole were reported fit for duty in seven days from the commencement of the treatment.

"The Brigade Surgeon, who visited the camps with reference to the presence of this scourge, was so strikingly impressed by the marked superiority of this treatment to that relied upon by others, that he gave it cordial and high approval, and recommended it to the other Surgeons. Previously, too much reliance had been placed upon calomel, opium and astringents, and, worst of all, upon alcoholic stimulants; but since then sulphate of magnesia takes the first rank. One hundred and fifty barrels of it were ordered for Gen. Grant's division by the Medical Director, to be used as above indicated.

"The writer, in concluding this hasty sketch of the method relied upon by him in opposing this 'scourge of the camp,' begs leave to say that while he does not claim any novelty in it, or new discovery, yet the application never has, to his knowledge, previously received the high place in the confidence and practice of the Army Surgeons which the experience above recorded showed it ought to receive."

At a meeting of the Hampden District Medical Society, held in Springfield on the 19th inst., the following resolutions were unanimously adopted:—

*Whereas*, We are called upon to record the death of Dr. E. G. Pierce of Holyoke, President of this Society, who died at Fortress Monroe, a surgeon in the army of his country, therefore—

*Resolved*, That in the removal of Dr. Pierce, we have lost an accomplished physician and gentleman, and gained additional honors for our noble profession.

*Resolved*, That, as a mark of respect for the deceased, no successor shall be chosen to the chair, so unexpectedly vacated, until the next annual meeting of this Society.

*Resolved*, That we deeply sympathize with the only daughter and other relatives of the deceased, in this most sudden and afflictive dispensation of Providence.

*Resolved*, That these resolutions be forwarded to the *Boston Medical and Surgical Journal*, and the *Springfield Republican*; for publication.

JOHN WITTER, *Sec. pro tem.*

*Springfield, Aug. 30, 1862.*

By a General Order respecting the drafting of the militia, issued on the 1st inst., by the Governor of this Commonwealth, the following gentlemen are appointed as Surgeons to whom applications are to be made for certificates of disability for military service.

*For the County of Barnstable.*—Drs. Geo. Shove, of Yarmouthport; John M. Smith, Barnstable; Jonathan Leonard, Sandwich; Franklin Dodge, Harwich.

*Berkshire.*—Drs. Timothy Childs, of Pittsfield; Henry L. Sabin, Williamstown; Clarkson T. Collins, Great Barrington; Clifford C. Holcomb, Lee.

*Bristol.*—Drs. Lyman Bartlett and William A. Gordon, of New Bedford; Robert T. Davis, Fall River; Thaddeus Phelps, Attleborough; Henry B. Hubbard, Taunton.

*Dukes.*—Drs. Daniel A. Cleaveland and William H. Luce, of Tisbury.

*Essex.*—Drs. Benjamin Cox, Jr., of Salem; Henry C. Perkins, Newburyport; Herman E. Davidson, Gloucester; Joseph Kittredge, North Andover; George Osborne, South Danvers; Kendall Flint, Haverhill; Stephen Huse, Methuen; Edward Newhall, Lynn.

*Franklin.*—Drs. J. W. D. Osgood, of Greenfield; Edward Barton, Orange; Charles M. Duncan, Shelburne.

*Hampden.*—Drs. Nathan Adams and William G. Breck, of Springfield; Jas. H. Waterman, Westfield; H. S. Lucas, Chester Factories.

*Hampshire.*—Drs. Daniel Thompson, of Northampton; William M. Trow, Williamsburg; D. W. Miner, Ware; Benj. F. Smith, Amherst.

*Middlesex.*—Drs. Josiah Bartlett, of Concord (President of the Massachusetts Medical Society); William Mason, Charlestown; Morrill Wyman, Cambridge; Anson Hooker, East Cambridge; Gilman Kimball and Nathan Allen, Lowell; Henry Bigelow, Newton; S. G. Burdick, Holliston; R. S. Warren, Waltham; Wm. Ingalls, Winchester.

*Nantucket.*—Dr. Elisha P. Fearing, of Nantucket.

*Norfolk.*—Drs. Appleton Howe, of Weymouth; Henry Bartlett, Roxbury; Benjamin Cushing, Dorchester; A. LeBaron Monroe, Medway; Harvey E. Clapp, Wrentham; Ebenezer P. Burgess, Dedham.

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*Plymouth.*—Drs. Alexander Jackson, of Plymouth; Asa Millett, North Bridgewater; William E. Sparrow, Mattapoisett; R. T. P. Fiske, Hingham.

*Suffolk.*—Drs. Edward Reynolds, John C. Dalton, Oliver Wendell Holmes, George H. Gay, Robert W. Hooper, Samuel L. Abbot, of Boston; Samuel G. Howe, South Boston; W. H. Thorndike, East Boston; W. G. Wheeler, Chelsea.

*Worcester.*—Drs. Joseph Sargent and Henry Clarke, of Worcester; Alfred Hitchcock, Fitchburg; John G. Metcalf, Mendon; Wm. D. Peck, Sterling; Allen C. Fay, Milford.

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**ARTIFICIAL LIMBS FOR MAIMED SOLDIERS.**—We alluded some time since to the appropriation of a sum of money by Congress for the purchase of artificial limbs for maimed soldiers. A Commission, consisting of several of the most eminent surgeons in the country, is about to be convened in New York by Surgeon-General Hammond, in order to decide upon the best method of applying this fund. They will select the limbs best adapted to the purpose, and make such recommendations as seem advisable after due deliberation. We again express the hope, that medically-educated mechanical surgeons will alone be found worthy of the patronage of Government.—*Am. Med. Times.*

---

**DISEASED CATTLE.**—In a report just issued by the Registrar-General of Scotland, he calls the attention of the public to the fact that ever since pleuro-pneumonia broke out among the cattle of this country a few years since, the returns of mortality have shown that carbuncle, a disease formerly very rare, has become comparatively common. Dr. Livingstone observed in Africa that if the flesh of animals who die from pleuro-pneumonia is eaten it causes carbuncle in the persons who eat it, and that neither boiling nor roasting the flesh, nor cooking it in any way, gets rid of the poison. It is true that if such cattle are ever sold for food they are killed before they fall victims to the disease naturally, but still the poison is in them. The report suggests as a subject for inquiry whether the new form of disease, which we term diphtheria, may not be partially induced by the use of diseased flesh.—*Medical Times and Gazette.*

---

**RESULTS OF THE REVACCINATION OF THE PRUSSIAN ARMY IN 1861.**—During 1861 there were 64,985 soldiers vaccinated or revaccinated, and of this number, 53,979 individuals exhibited plain marks of prior vaccination, and 7204 indistinct marks, while in 3802 no traces were visible. The vaccination now performed was regular in its course in 41,494; irregular in 7481: unsuccessful in 16,009; total 64,985. The unsuccessful cases vaccinated again, furnished 5658 additional examples of successful vaccination, making 47,152 or 72 per cent. of those vaccinated. Among the soldiers who had been now or on former occasions successfully revaccinated, there appeared during the year four cases of varicella and ten of varioloid, but no case of variola. In the entire army there appeared during 1861, 56 cases of this class of diseases, viz., 7 of varicella, 45 of varioloid, and 4 of true variola. Of these, 25 cases (2 of varicella, 21 of varioloid, and 2 of variola) occurred in soldiers who had not been revaccinated; 17 (viz., 1 of varicella, 14 of varioloid, and 2 of variola) in soldiers revaccinated without result; and 14 (viz., 4 of varicella, and 10 of variola) in cases in which

revaccination had succeeded. The great bulk of these cases were of a mild or even trivial character; but 4 of them ended fatally,—viz., a case of variola occurring in a soldier who had not been revaccinated; 1 of varioloid, revaccination having been performed without success; together with a case of varioloid and another of variola occurring in recruits who had not been revaccinated.—*Medical Times and Gazette*, from *Berlin Med. Zeit.* No. 35.

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CASE OF DOUBLE UTERUS, WITH SIMULTANEOUS GESTATION.—At a late meeting of the Obstetrical Society of London, Dr. Graily Hewitt made the following communication:—"Mr. Grace was summoned by his father to see a patient in labor for the fourth time, aged twenty-six. Twice previously there had been premature birth; the third child did not live. When first seen by Mr. Grace, labor had been going on for fifteen hours; the waters had escaped. On examination, a hand was found presenting in the vagina, and the os about half dilated; but lying posterior to this, another os was discovered, with the head of a child presenting. Septum between the two half an inch thick, and extending up as far as could be reached. The anterior os was dilated, the child turned, and delivery effected. The placenta then followed. The child was dead, and apparently seven months old. The posterior os was next dilated, turning effected, and a live child extracted, which survived only a few hours. The placenta of the second child was expelled without difficulty. Both children were females, equal in development. No flooding or other complication interfered with the perfect recovery of the patient."

Dr. Graily Hewitt observed that the case, for the particulars of which the Society was indebted to Mr. Grace, was a very unusual and interesting one. In the elaborate work of Kussmaul on the Malformations of the Uterus, which contained a collection of cases of various kinds, there were only two specifically recorded precisely similar to that observed by the author of the paper. The case of Mr. Grace resembled other cases of double uterus recorded by Kussmaul in respect of the feebleness of the uterine pains said to have been observed. Abortion and premature labor seemed especially liable to occur in cases of double uterus, and this fact was corroborated by the case then before the Society.—*London Lancet*.

---

ON POISONING BY PHOSPHORUS.—Dr. LEWIN has recently directed the attention of the Medical Profession to the curious fact that there is an evident connection between poisoning by phosphorus and fatty degeneration of the liver. He was led to this discovery by finding in the published reports of cases of poisoning by phosphorus, in which autopsies had been made, statements regarding an alteration of the liver. He then experimented upon dogs and rabbits, and found that we may, by administering small doses of phosphorus which do not immediately kill, cause fatty degeneration of the liver, with destruction of the acini, that is, a condition closely analogous to that which is found to exist in cases of acute atrophy of the liver. He also discovered that poisoning by phosphorus produced a peculiar affection of the kidneys, and rendered the urine albuminous as long as life continued.

These physiological experiments were soon afterwards shown to be perfectly correct by a case of poisoning by phosphorus which

occurred in the clinique of Professor Frerichs, in the Charité Hospital. A servant girl committed suicide by eating the tops of a thousand lucifers; when brought into the Hospital she suffered from icterus and enlargement of the liver; the urine contained biliphæin and albumen. She died shortly afterwards without having had much pain, and no symptoms of a disturbance of the nervous system having been observable. The post-mortem examination, which was performed with the greatest care, showed that the blood was in a state of dissolution, it had the color of cherry juice, was very thin, and no coagula, and scarcely any globules were found in it. The skin and the mucous membranes were suffused with blood, the liver was greatly enlarged, and its edges blunt. On being examined by the microscope, the acini appeared to be filled with fat to bursting.—*For. Corres. Med. Times and Gazette.*

WE understand that Prof. Horace Green is engaged, and has been during his leisure hours, for a number of years, in preparing a somewhat elaborate work on the *Nature and Treatment of Diseases of the Lungs and of their Appendages*. Having given, as many of our readers are doubtless aware, more than twenty years of his professional life almost exclusively to the study and treatment of this class of diseases (over ten thousand cases of this nature we have learned having in that time come under his observation), Dr. Green should possess a large and valuable amount of information on this important class of affections. A most important contribution to current knowledge may therefore be expected to emanate from his ready pen, and we would advise all desirous of adding a book on this subject to their libraries, to wait for the publication of the work here announced.—*American Medical Monthly.*

The Medical Examining Board for contract surgeons in New York and Philadelphia has been adjourned by order of the Surgeon-General.

General Saxton has made contracts with Drs. Hawks, Bundy, Wakefield, and McClintock, to attend to the health of the Africans in Gen. Hunter's department.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, AUGUST 30th, 1862.

##### DEATHS.

	Males.	Females	Total
Deaths during the week, . . . . .	37	58	95
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	52.0	50.0	102.0
Average corrected to increased population, . . . . .	..	..	114.56
Deaths of persons above 90, . . . . .	..	0	0

##### Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Variola.	Dysentery.	Typ. Fev.	Diphtheria.
6	21	1	6	1	0	5	2	1

RECEIVED.—Causes and Cure of Diseases of the Feet: with Practical Suggestions as to their Clothing. By C. H. Cleveland, M.D. Illustrated. Cincinnati: Bradley & Webb. Pamphlet, 8vo. Pp. 111.—Lindsay & Blakiston's Physician's Visiting List for the year 1863.

DEATHS IN BOSTON for the week ending Saturday noon, August 30th, 95. Males, 37—Females, 58.—Abscess, 1—accident, 1—apoplexy, 1—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 1—inflammation of the brain, 1—burns, 1—cancer, 1—cholera infantum, 21—consumption, 6—convulsions, 5—croup, 1—debility, 1—diarrhoea, 6—diphtheria, 1—dropsy, 2—dropsy of the brain, 4—drowned, 1—dysentery, 5—epilepsy, 1—erysipelas, 1—scarlet fever, 6—typhoid fever, 2—gastritis, 1—disease of the heart, 1—icterus, 1—intemperance, 2—inflammation of the lungs, 1—marasmus, 6—measles, 3—old age, 1—paralysis, 1—puerperal disease, 1—stomatitis, 1—syphilis, 1—unknown, 3.

Under 5 years of age, 64—between 5 and 20 years, 1—between 20 and 40 years, 6—between 40 and 60 years, 12—above 60 years, 10. Born in the United States, 78—Ireland, 12—other places, 5.



# MEDICAL JOURNAL ADVERTISING SHEET.

**MEDICAL INSTITUTION OF YALE COLLEGE.**—The Course of Lectures for 1862-63 commences on Thursday, September 18th, and continues seventeen weeks.

**JONATHAN KNIGHT, M.D.,** Prof. of Surgery.  
**CHARLES HOOKER, M.D.,** Prof. of Anatomy and Physiology.  
**WORTHINGTON HOOKER, M.D.,** Prof. of Theory and Practice of Medicine.  
**BENJAMIN SILLIMAN, Jr., M.D.,** Prof. of Chemistry and Pharmacy.  
**ELIST A. JEWETT, M.D.,** Prof. of Obstetrics.  
**CHARLES A. LINDSEY, M.D.,** Prof. of Materia Medica and Therapeutics.  
 Matriculation, \$5. Lecture fees, \$38.50. Graduation, \$15.  
**CHARLES HOOKER, Dean**  
*New Haven, July 28, 1862.—1L [of the Faculty.]*

**GARDNER'S PERMANENT SOLUTION OF FERROUS PROTOXIDE OF IRON.**—The attention of the Medical Profession is called to this novel and eminently successful preparation of Iron. It is becoming so well known, and so generally used, although but a short time before the public, that it has already taken its place among the standard preparations of the day. It contains 40 grains of Ferrous Protoxide to the fluid ounce, and is prepared in two forms—bitter and sweet; the former the result of a combination of a vegetable tonic (Quassia) containing no Tannin, whereby a precipitate of Tannate of Iron is avoided; with the mineral. The rapidity with which this article is assimilated is really surprising, usually producing observable effects in chlorosis from three to six days.

*Jersey City, N. J., Feb. 15, 1862.*  
 I have tested the preparation of Mr. Gardner, known as the "Liq. Ferri Protoxidi," and find it to be decidedly the most efficient preparation of that mineral I have ever prescribed; being prepared with a vehicle at once palatable and acceptable to the stomach, it is readily administered. I have no hesitation in giving Mr. Gardner's preparation the preference over all other preparations of that mineral, for those peculiar morbid conditions of the human organism where the use of Iron is indicated.

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**THE LOCUST-GROVE RETREAT, at Pepperell, Mass.**—The buildings recently erected on the old site of the late Dr. N. Cutter's Asylum, are now being fitted up for the reception of patients. The situation is a very desirable one, the buildings are commodious, and the rooms pleasant and convenient for the purpose. The town also is noted for its fine farms, pleasant drives, and picturesque scenery.

The institution is designed for those persons whose intemperate indulgence in strong drinks renders a removal from their homes and ordinary associations desirable or necessary.  
 No pains will be spared to reclaim and restore them to their former position in society.

**J. C. SHATTUCK, M.D.**

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 Rev. E. P. Smith, Rev. J. E. B. Jewett,  
 Hon. C. W. Bellows, Col. S. P. Shattuck,  
 Charles Tarbell, Esq., Hon. A. Hutchinson,  
*of Pepperell.*  
 Winslow Lewis, M.D., 75 Boylston st., Boston,  
 A. Emerson, Esq., 2 Spring Lane.  
 John E. Tyler, M.D., Supt. McLean Asylum,  
 July 24, 1862.—1f (Somerville).

**DR. HENRY W. WILLIAMS,**  
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 Special attention given to Diseases of the Eye.  
 Nov. 5, 1848.—epif

 **SELPHO'S PATENT ELASTIC ARTIFICIAL LEG AND HAND,** 516 Broadway, opposite St. Nicholas Hotel, New York.  
 Send for a Circular. Aug. 14—ly

**DR. EDWARD JARVIS,** having returned from Europe, is again prepared to receive, at his house in Dorchester, and attend elsewhere, in consultation or otherwise, to patients who are suffering from nervous or mental disorders. Sept. 27—1f

**GENEVA MEDICAL COLLEGE.**—The Session of 1862-63 will begin Wednesday, Oct. 1st, 1862, and continue sixteen weeks.

**Faculty.**  
**JOHN TOWLER, M.D.,**  
*Dean and Registrar.*  
**JAMES HADLEY, M.D.,**  
*Emeritus Prof. of Chemistry and Pharmacy.*  
**JOHN TOWLER, M.D.,** Professor of Chemistry and Pharmacy.  
**FREDERICK HYDE, M.D.,** Prof. of Principles and Practice of Surgery.  
**GEORGE BURR, M.D.,** Prof. of General and Special Anatomy.  
**NELSON NIVISON, M.D.,** Prof. of Physiology and Pathology.  
**HIRSH N. EASTMAN, M.D.,** Prof. of the Practice of Medicine and Materia Medica.

**Diseases of Women and Children, and Medical Jurisprudence.**  
**LYMAN W. BLISS, M.D.,** Demonstrator of Anatomy.  
**Fees, payable in Advance.**—Matriculation, \$3. Tickets for the whole Course, \$50. Graduation, \$20. Demonstrator's ticket, \$3. Anatomical material, \$5.  
 Special attention paid to Military Surgery, &c.  
 Further information may be obtained by addressing  
**J. TOWLER, Dean of the Faculty,**  
*Geneva, N. Y.*  
 \* **R. STONE, M.D.,** will perform the duties of this department. July 31—(O15)

**VACCINE VIRUS.**—The Subscriber proposes to furnish (by mail, postage free and securely packed in small metallic boxes contrived for the purpose) Vaccine Virus, of guaranteed freshness, purity and efficiency, to physicians in all parts of the United States and Canada, at the following rates:—12 quills (prepared in such a manner that the lymph cannot chip off), \$1.00. Recent crusts (resulting from the drying of perfect, unruptured and uncomplicated vesicles), securely mounted in gutta percha, so that they can be used with great facility and without breaking or waste—small, but perfect, each \$1.00; very large and fine, each \$2.00.  
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**References.**—Dr. Walter Channing, Boston; J. R. Oliver Wendell Holmes, Boston; Dr. R. D. Mussey, Boston; Dr. Henry Bartlett, Roxbury; Dr. Dixi Crosby, Hanover, N. H.; Dr. Josiah Crosby, Manchester, N. H.; Dr. Gilman Kimball, Lowell, Mass.; Dr. R. W. Thayer, Burlington, Vt.  
 June 7—1y

**BURNETT'S PURE COD-LIVER OIL.**—Carefully Prepared only from Fresh and Healthful Livers, by **THEODORE METCALF & Co.,** Apothecaries, 39 Tremont street, Boston, Mass., sole proprietors.

*From Pereira's Materia Medica, Vol. II. 4 Part II.*

"The experience of the profession at large appears now quite to have established the fact that Cod-Liver Oil, is one of the most efficacious of all remedies in arresting the progress of pulmonary phthisis; that it enables patients to struggle on longer against the inroads of the disease, and thus enables them sometimes to obtain cicatrization and contraction of cavities, which otherwise must have produced speedy death."  
 Dec. 13.

**IMPROVED SPERMATORRHOEA RINGS**—of pure silver, for preventing and curing nocturnal emissions. Price \$3—to physicians, \$2. They can be sent by mail in a letter. Also, a large assortment of elastic, glass and metal Syringes, Breast Pumps, Nursing Bottles, &c. &c., for physicians' and family use. Sold by **E. M. SKINNER,** successor to J. RUSSELL SPALDING, 27 Tremont street, opposite the Museum, Boston, Mass. March 19.

**OPHTHALMOSCOPES**—modified from those of Anagnostakis and Jaeger, by **JOHN H. DIX, M.D.** For sale by **CODMAN & SHURTLEFF,**  
 Sept. 1—1f 13 Tremont st., Boston.

# MEDICAL JOURNAL ADVERTISING SHEET.

**JOSIAH H. STICKNEY**, Veterinary Surgeon, has removed to 55 Temple street, third left door below Derne street. Aug. 28-41

**A PHYSICIAN**, who is retiring from the profession in consequence of his health, wishes to dispose of his location, situated in Massachusetts, about five hour's ride from Boston, to a well-qualified practitioner. This is a fine opportunity to secure a practice of \$2,400 per annum. He would expect any person treating for the same, to purchase his stock of medicines, surgical instruments, and a small but well-selected library. For address, apply at this office. Aug. 21-41



**ARTIFICIAL LEGS**, "PALMER'S PATENT," Improved, superior in mechanism and utility. Hands and arms of superior excellence. Feet for limbs shortened by *Hip Disease*, new, unique and useful. Surgical apparatus and treatment for diseased and deformed limbs. By E. D. HUDSON, M.D. (late Palmer & Co.) Clinton Hall (up stairs—only office), Eighth St., or Astor Place, New York. References to the first New York surgeons and others. Send for pamphlets. Aug. 14.

**MINERAL WATER IN ITS NATURAL STATE**, from the *Artesian Well, St Catharines, Canada West*.—A sovereign remedy for Rheumatism, Rheumatic Gout, Neuralgia, Liver and Kidney Complaints, Salt Rheum, want of action in the Digestive and Urinary Organs, Diseases peculiar to Women, and a general purifier of the blood. N. B.—This is not the Concentrated Water which has been sold for some time past, but the Natural Water as taken from the spring.

*Directions*.—The Water should be taken daily, in such quantities as not to act on the bowels too much, and should be drunk regularly twice or three times per day, beginning with half a tumbler each time, and reducing if found to operate too much, so that the system may become impregnated with its medicinal virtues, being sure to effectually eradicate the disease it professes to cure, if persevered in.

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E. W. STEPHENSON, Proprietor, Canada West.

July 31.

**PARKER'S COMPOUND VEGETABLE OIL** AND PATENT VENTILATING NIPPLE SHIELD.—For the Cure of Chapped or Sore Nipples.—As this Compound is perfectly harmless, the Patient need have no fear whatever in its free use. The taste being pleasant, the child never refuses its accustomed nourishment on account of it.

This method of treating sore nipples has been tried very successfully by many physicians in Boston and vicinity, among whom are Drs. Walter Channing, John Homans, Chas. G. Putnam, Chas. D. Homans, Boston; Dr. Sewall F. Parker, D. V. Folts, East Boston; and Dr. T. R. Nute, Roxbury—to whom Mr. Parker is allowed to refer.

WEEKS & POTTER, 170 Washington St., Boston, agents for the New England States; and for sale by all Druggists. May 22-17\*

**RENSSELAER POLYTECHNIC INSTITUTE**, Troy, N. Y.—The thirty-ninth Annual Session of this Institution for instruction in the MATHEMATICAL, PHYSICAL, and NATURAL SCIENCES, will commence on Wednesday, Sept. 17, 1882. Appropriate quarters, and a full supply of apparatus, will be provided, so that all the Courses of instruction can be given precisely as heretofore. The new buildings for the Institute will be placed on a more commanding site, and be constructed as soon as possible.

The *Annual Register*, containing full information, can be obtained from

Prof. CHARLES DROWNE, Director.

July 3-3m

**THE DAVIDSON SYRINGES**—the best and cheapest domestic instrument in use—if they get out of order in six months, repaired free of charge. For sale by I. BARTLETT PATTEN, June 12 Druggist, 27 Harrison Avenue, Boston.

**NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL**, No. 90 East Thirtieth Street, near Fourth Avenue.

The next Annual Course of Lectures will commence on Monday, October 20, 1882, and will terminate in the early part of March, 1883.

## Faculty.

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JOHN M. CARROCHAN, M.D., Prof. of Clinical and Operative Surgery.

B. I. RAPHAEL, M.D., Prof. of the Principles and Practice of Surgery.

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Prof. of Physiology and Microscopic Anatomy.

JAMES E. STEELE, M.D., Demonstrator of Anatomy and Curator of the Museum.

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WM. BAKER, M.D., Assistant to the Prof. of Infantile Pathology.

F. S. SNEADS, Janitor.

A preliminary term will commence on Monday, Sept. 15th, and continue until the Regular term begins. This course will be GRATIS to those students who intend taking a full winter Course, and will be as follows:—

On Amputations, by Prof. CARROCHAN.

" Gun-shot Wounds, by Prof. RAPHAEL.

" Pregnancy, by Prof. RUDD.

" Anatomy and Physiology of the New Born, by Prof. JACOBI.

" Bandaging, by Prof. HOLCOMB.

" Anatomy of the Regions, by Prof. SMITH.

Material for dissection is abundant, and furnished to students at a mere nominal price.

Daily Clinics are held at the College.

Further information as to Lectures, Terms, &c., may be obtained by addressing

Prof. B. I. RAPHAEL, M.D., Dean of the Faculty, 91 Ninth Street.

\* Prof. Browne, having received the appointment of Brigade Surgeon, has resigned the chair of Physiology. The chair is now vacant, but will be filled before the commencement of the Course.

Aug. 14—

**ALEXANDER WOOD'S SYRINGES FOR SUBCUTANEOUS INJECTION**, sent by mail on receipt of price, \$4.

Cammann's Double Stethoscopes, Dix's and Anagnostaki's Ophthalmoscopes, Clark's Otoscopes,

Clark's and Skinner's Splints, Goodwin's Apparatus for Fracture of Thigh, French Skeletons and Preparations,

Physicians' Medicine Trunks and Pocket Medicine Cases,

Spongio Piline (substitute for poultices), Elastic Hoe for Varicose and swelled limbs,

White's Trusses and Supporters, Syringes of every description,

Galvanic Batteries, &c.

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**Boston Medical and Surgical Journal**

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*Sept. 13*

THE  
BOSTON MEDICAL AND SURGICAL  
JOURNAL.

EDITED BY  
SAMUEL L. ABBOT, M.D.

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HARVARD UNIVERSITY.  
MASSACHUSETTS MEDICAL COLLEGE.

THE annual course of Medical Lectures of Harvard University will commence at the Massachusetts Medical College, in North Grove st., Boston, on the first Wednesday of November, 1862. The regular course will be as follows:—

Obstetrics and Med. Jurisprudence by Professor D. HUMPHREYS STORER, M.D.	
Morbid Anatomy by . . . . .	JOHN B. S. JACKSON, M.D.
Clinical Medicine by . . . . .	HENRY I. BOWDITCH, M.D.
Anatomy and Physiology by . . . . .	OLIVER W. HOLMES, M.D.
Theory and Practice of Medicine by . . . . .	GEORGE C. SHATTUCK, M.D.
Surgery by . . . . .	HENRY J. BIGELOW, M.D.
Chemistry by . . . . .	JOHN BACON, M.D.
Materia Medica by . . . . .	EDWARD H. CLARKE, M.D.

Demonstrator, DAVID W. CHERVER, M.D.

Clinical Medical and Surgical Instruction will be given at the Massachusetts General Hospital, with Surgical Operations.

Collateral special medical instruction will also be given at the Hospital by Lectures and otherwise, by Drs. Bowditch, Abbot and Ellis.

Abundant material is afforded for the study of Practical Anatomy. The Room devoted to this department is open day and evening, and lighted by gas.

Fees for the Lectures, \$80; Matriculation fee, \$3; Graduation fee, \$20.

Good Board can be obtained at \$2.50 to \$5.00 per week. Boarding places provided on application to the Janitor at the College.

Students are requested, upon coming to Boston, to call upon the Dean.

D. HUMPHREYS STORER, *Dean of the Faculty,*  
No. 132 Tremont St., Boston.

Aug. 7, 1862—tL

# MEDICAL JOURNAL ADVERTISING SHEET.

**MEDICAL INSTITUTION OF YALE COLLEGE.**—The Course of Lectures for 1862-63 commences on Thursday, September 18th, and continues seventeen weeks.

**JONATHAN KNIGHT, M.D.,** Prof. of Surgery.  
**CHARLES HOOKER, M.D.,** Prof. of Anatomy and Physiology.  
**WORTHINGTON HOOKER, M.D.,** Prof. of Theory and Practice of Medicine.  
**BENJAMIN SILLIMAN, Jr., M.D.,** Prof. of Chemistry and Pharmacy.  
**PLINY A. JEWETT, M.D.,** Prof. of Obstetrics.  
**CHARLES A. LINDSLEY, M.D.,** Prof. of Materia Medica and Therapeutics.

Matriculation, \$5. Lecture fees, \$68.50. Graduation, \$15. **CHARLES HOOKER, Dean**  
*New Haven, July 26, 1862.—tl [of the Faculty.]*

**A NEW AND IMPORTANT INVENTION.**—by **DOUGLAS BLY, M.D.** By frequent dissections, Dr. Bly has succeeded in embodying the principles of the natural leg in an artificial one, and by so doing has produced the most complete and successful invention ever attained in artificial legs.

## TESTIMONIALS OF SURGEONS.

*New York, Feb. 10, 1860.*  
 When the Palmer Leg was invented, I recommended it to all who needed anything of the kind, because it was an improvement on the old Angles leg. And now I have the pleasure of informing them that Dr. Bly has invented a leg which is a great improvement on the Palmer leg. The advantages it possesses over the Palmer leg are:—

*First.* The ankle-joint admits of motion not only antero-posteriorly, but laterally, which allows the wearer to walk on any grade, or on rough and uneven surfaces, without inconvenience.  
*Second.* The ankle-joint is constructed without iron, steel, or metal of any kind; in fact, little or no metal is used in the limb, which renders it very light.

*Third.* The joints, instead of being bushed with buckskin, which requires a renewal at the hands of the maker, when worn, are adjustable, and under the control of the wearer.

*Fourth.* The springs are made of India rubber, and imitate more closely the action of the muscles.  
*Fifth.* The action of the springs can be increased or diminished at the option of the wearer, whereby each can adjust the motions of the leg to suit his own peculiar gait. **VALENTINE MOTT, M.D.,**  
 Emeritus Prof. of Surgical Anatomy  
 in the University of New York.

*New York, Feb. 10, 1860.*  
 I concur in the above recommendation.  
**ALFRED C. POST, M.D.,**  
 Prof. of the Principles and Operation of Surgery in the University of N. York.

*New York, 2d mo. 15th, 1860.*  
 I have examined with care the ball-and-socket-jointed leg invented by Dr. Bly, and am satisfied that the mobility of the ankle-joint, whereby the foot can accommodate itself to grades and inequalities of the ground, is a great improvement upon all artificial legs made heretofore.

**JAMES R. WOOD, M.D.,** 2 Irving Pl.,  
 Surgeon to Bellevue Hospital, N. York.

I have examined the artificial Leg of D. Bly, M.D., of Rochester, and have formed a very favorable opinion of its character.

**WILLARD PARKER, M.D.,**  
 37 East 19th street,  
 Prof. of the Principles and Practice of Surgery in the College of Physicians and Surgeons, N. Y.

A Pamphlet, containing a full description and illustrations, can be had free of charge, by addressing **DOUGLAS BLY, M.D.,** 638 Broadway New York, or Rochester, N. Y., or Cincinnati, Ohio.  
 July 3—1am12t

**THE DAVIDSON SYRINGES**—the best and cheapest domestic instrument in use—if they get out of order in six months, repaired free of charge. For sale by **BARTLETT PATTEN,** June 13 Druggist, 27 Harrison Avenue, Boston.

**DR. EDWARD JARVIS,** having returned from Europe, is again prepared to receive, at his use in Dorchester, and attend elsewhere, in consultation or otherwise, to patients who are suffering from nervous or mental disorders. Sept. 27—tf

**GENEVA MEDICAL COLLEGE.**—The Session of 1862-63 will begin Wednesday, Oct. 1st, 1862, and continue sixteen weeks.

*Faculty.*  
**JOHN TOWLER, M.D.,**  
 Dean and Registrar.  
**JAMES H. BLISS, M.D.,**  
 Emeritus Prof. of Chemistry and Pharmacy.  
**JOHN TOWLER, M.D.,** Professor of Chemistry and Pharmacy.  
**FREDERICK HYDE, M.D.,** Prof. of Principles and Practice of Surgery.  
**GEORGE BURR, M.D.,** Prof. of General and Special Anatomy.  
**NELSON NIVISON, M.D.,** Prof. of Physiology and Pathology.  
**HIRAM N. EASTMAN, M.D.,** Prof. of the Practice of Medicine and Materia Medica.  
**CHARLES A. LINDSLEY, M.D.,** Prof. of Obstetrics, Diseases of Women and Children, and Medical Jurisprudence.  
**LYMAN W. BLISS, M.D.,** Demonstrator of Anatomy.

*Fees, payable in Advance.*—Matriculation, \$3. Tickets for the whole Course, \$50. Graduation, \$20. Demonstrator's ticket, \$3. Anatomical material, \$5.

Special attention paid to Military Surgery, &c.  
 Further information may be obtained by addressing **J. TOWLER, Dean of the Faculty,** Geneva, N. Y.

\* **R. STONE, M.D.,** will perform the duties of this department. July 31—1015

**VACCINE VIRUS.**—The Subscriber proposes to furnish (by mail, postage free and securely packed in small metallic boxes contrived for the purpose) Vaccine Virus, of guaranteed freshness, purity and efficiency, to physicians in all parts of the United States and Canada, at the following rates:—12 quills (prepared in such a manner that the lymph cannot chip off), \$1.00. Recent crusts (resulting from the drying of perfect, unruptured and uncomplicated vesicles), securely mounted in gutta percha, so that they can be used with great facility and without breaking or waste—small, but perfect, each \$1.00; very large and fine, each \$2.00. When orders for quills are received from a considerable distance, such only will be sent as have been charged on the day in which the orders are received, and in no instance shall quills be sent that have been dipped more than three days.

All orders answered by return of mail. Should virus fail to give perfect satisfaction, the undersigned will remit a fresh supply, if notified within ten days. Address

**DR. HENRY A. MARTIN,**  
 Roxbury, Mass.

*References.*—Dr. Walter Channing, Boston; Dr. Oliver Wendell Holmes, Boston; Dr. R. D. Mussey, Boston; Dr. Henry Bartlett, Roxbury; Dr. Dixi Crosby, Hanover, N. H.; Dr. Josiah Crosby, Manchester, N. H.; Dr. Gilman Kimball, Lowell, Mass.; Dr. S. W. Thayer, Burlington, Vt.  
 June 7—1y



“PALMER'S PATENT,” improved, superior in mechanism and utility. Hands and arms of superior excellence. Feet for limbs shortened by Hip Disease, new, unique and useful. Surgical apparatus and treatment for diseased and deformed limbs. By **E. D. HUDSON, M.D.** (late Palmer & Co.) Clinton Hall (up stairs—only office), Eighth St., or Astor Place, New York.  
 References to the first New York surgeons and others. Send for pamphlets. Aug. 14.

**TRUSSES.**—Dr. Riggs's Hard Rubber Multiple Truss. Water proof. Used in bathing, cleanly and indestructible. No. 2 Barclay street, New York. Aug. 14—1y

**JOSIAH H. STICKNEY,** Veterinary Surgeon, has removed to 35 Temple street, third left door below Deme street. Aug. 26—4t

**DR. HENRY W. WILLIAMS,**  
 15 Arlington St., Boston (opp. Public Garden)  
 Special attention given to Diseases of the Eye.  
 Nov. 5, 1848.—sp1t

# Belleue Hospital Medical College, City of New York.

SECOND ANNUAL SESSION, 1862-3.

## FACULTY.

ISAAC E. TAYLOR, M.D., *President.*

AUSTIN FLINT, JR., M.D., *Secretary.*

JAMES R. WOOD, M.D., No. 2 Irving Place, Prof. of Operative Surgery and Surgical Pathology.  
FRANK H. HAMILTON, M.D., Prof. of Military Surgery, Fractures, and Dislocations.  
LEWIS A. SAYRE, M.D., No. 795 Broadway, Prof. of Orthopedic Surgery.  
ALEXANDER B. MOTT, M.D., No. 109 Tenth Street, Prof. of Surgical Anatomy.  
STEPHEN SMITH, M.D., No. 45 West Thirty-fourth Street, Professor of the Principles of Surgery.  
ISAAC E. TAYLOR, M.D., No. 15 West Twentieth Street, } Professors of Obstetrics and the Diseases  
Geo. T. ELLIOT, M.D., No. 15 West Twenty-ninth Street, } of Women and Children.  
R. FORDYCE BARKER, M.D., No. 70 Union Place,  
BENJAMIN W. MCCREADY, M.D., No. 7 West Ninth St., Prof. of Materia Medica and Therapeutics.  
TIMOTHY CHILDS, M.D., Prof. of Descriptive and Comparative Anatomy.  
AUSTIN FLINT, M.D., No. 74 Union Place, Prof. of the Principles and Practice of Medicine.  
R. OGDEN DOREMUS, M.D., No. 70 Union Place, Prof. of Chemistry and Toxicology.  
AUSTIN FLINT, JR., M.D., No. 74 Union Place, Prof. of Physiology and Microscopy.  
CHARLES PHELPS, M.D., Demonstrator of Anatomy, and Curator of Hospital Museum.  
SYLVESTER TEATS, M.D., Prosector to Chair of Operative Surgery and Surgical Anatomy.  
N. R. MOSELY, M.D., Prosector to Chair of Surgical Anatomy.  
ARTHUR A. SHIVERICK, M.D., Clinical Assistant to Chair of Principles and Practice of Medicine.  
A. W. WILKINSON, M.D., Assistant to Chair of Chemistry and Toxicology.  
EDWIN A. WARE, Bellevue Hospital, Janitor.

## PRELIMINARY TERM.

The preliminary term will commence on Wednesday, September 17, 1862, and continue to the beginning of the regular term, viz., four weeks. In addition to daily instruction in the Bellevue and Blackwell's Island Hospitals, at least three lectures will be given daily during this term, exclusively by members of the Faculty. The didactic instruction during this term will embrace the following subjects:—  
Surgical Affections of the Breast and Testes, by Prof. Wood; Surgical Affections of the Eye, by Prof. Sayre; Amputations, by Prof. Mott; Surgical Drainages by Prof. Smith; Inflamations of the Uterus, by Prof. Taylor; the Symptoms, Signs, and Disorders of Pregnancy, by Prof. Barker; Uterine Therapeutics, by Prof. Elliot; Diet, by Prof. McCready; Comparative Anatomy, by Prof. Childs; Diagnosis of Diseases of the Heart, by Prof. Flint; Toxicology, by Prof. Doremus; Anatomy and Functions of Glandular Organs, by Prof. Flint, Jr.

## REGULAR TERM.

The regular term will commence on Wednesday, October 15, 1862, and end early in March, 1863.

During the whole of the Session the Student will have the opportunity of attending, at least, two Clinical Lectures daily. In addition to these, during the regular term, three Didactic Lectures are given on every week-day, except Saturday. The Didactic Lectures are so arranged as not to interfere with attendance in the Hospital wards. Ample time is allowed for accompanying the Visiting Physicians, Surgeons, and Obstetricians in their daily rounds, attending clinical lectures, witnessing surgical and obstetrical operations, and following private courses, without compromising in any degree the regular didactic instruction. Clinical and Demonstrative teaching constituting the great feature of this College, the arrangements are such as to render the immense resources of the Hospitals available to the student to the fullest extent.

All the Lectures in this College are given either in the Hospitals or in the College building, situated within the Bellevue Hospital grounds.

The Bellevue Hospital receives annually from ten to twelve thousand patients, the average number of cases constantly under treatment during the winter being from eight to ten hundred. Cases of all descriptions, excepting only the eruptive fevers, are received. The annual number of births in the Hos-

pital is about five hundred. The Blackwell's Island Hospital, under the charge of the Medical Board of Bellevue Hospital, contains usually about one thousand patients, a large proportion being affected with chronic diseases. This Hospital always contains several hundred cases of syphilis.

In addition to the immense field of clinical instruction afforded by these hospitals, the student may avail himself of other resources for practical instruction contained in the great metropolis.

Practical Anatomy, amply provided for by law, may be prosecuted to any extent and without expense.

Twenty-two resident Physicians and Surgeons are annually appointed on the recommendation of the Medical Board of the Hospital, after an examination, and receive a salary adequate to their support.

Fees for all the tickets for the Session amount to \$105. Tickets for one or any number of the seven departments of instruction may be taken out separately. The matriculation fee is \$5. The graduating fee is \$30. No additional fees are required for hospital tickets or anatomical material. Students who have attended two full courses in other accredited schools receive all the tickets for \$5, exclusive of the matriculation fee. Students, after two full courses in this College, or who have attended one full course in this College, and one full course in some other accredited school, are required to matriculate only. Graduates of other schools, after three years, are required to matriculate only. Prior to the expiration of three years, they receive a general ticket for \$5.

The requisites for graduation are the same as in other Colleges of this State.

Comfortable board and lodging may be obtained for from \$3 to \$5 per week. The necessary expenses attending a course of lectures need not exceed \$200, exclusive of travelling expenses.

Bellevue Hospital is situated on East River, between 25th and 26th Streets. The entrance to the Hospital is on 25th Street. Students, on arriving in the City, are requested to report at once at the College of Bellevue Hospital. The Janitor will be provided with a list of boarding-houses near the Hospital, and will take pains to aid students in securing comfortable accommodations without delay.

Persons desiring further information are requested to communicate with the Secretary of the Faculty, Prof. AUSTIN FLINT, JR., No. 71 Union Place, cor. 5th Avenue and 19th Street.

Aug. 7—1am3t

# PHARMACEUTICAL GRANULES AND DRAGEES

(SUGAR-COATED PILLS) OF

**GARNIER, LAMOUREUX & CO.**

MEMBERS OF THE COLLEGE OF PHARMACY OF PARIS.

These Granules and Dragees are recognized, both in Europe and in the United States, as the most reliable way of dispensing valuable medicines. Physicians will find many worthless imitations, and they must be careful to see that the Pills dispensed by the Druggist are made by Messrs. GARNIER, LAMOUREUX & Co., Members of the College of Pharmacy, Paris. The following are some of the principal preparations:—

## DRAGEES.

	U. S. P.		U. S. P.
Aloes and Myrrh,	grs. 4	Magnesia and Rhubarb, each	grs. 1
Compound Cathartic,	3	Quevenne's Iron, reduced by Hyd'n,	1
" "	1½	Cynoglosse,	1
Aloetic,	4	Proto-Iodide of Iron,	1
Assafœtida,	4	Lactate of Iron,	1
Aloes and Assafœtida,	4	Sulphate of Quinine,	1 & 2
Dinner, Lady Webster's,	3	Vale-ianate of Quinine,	1
Compound Calomel, Plummer's,	3	" of Zinc,	1
" " "	1½	" of Iron,	1
Blue Pills,	3	Citrate of Iron and Quinine,	2
Opium Pills,	1	" of Iron,	2
Calomel Pills,	2	Willow Charcoal,	2
Opium et Acet. Plumb., each	1	Diascordium,	2
Extract of Rhathany,	2	Anderson's Antibilious & Purgative,	2
Compound Rhubarb,	3	Extract of Gentian,	2
Compound Colocynth,	3	Iodide of Potassium,	2
Compound Squills,	4	Calcined Magnesia,	2
Dover Powders,	3	Rhubarb,	2
Carbonate Iron, Vallett's formula.		Ergot Powder, covered with sugar	
Carbonate of Manganese and Iron.		as soon as pulverized,	2
Kermes,	1-5	Phellandria Seed,	2
Santonine,	½	Washed Sulphur,	2
Bi-Carbonate of Soda,	4	S. N. Bismuth,	2
Meglin,	1	Tartrate Potassa and Iron,	2

## GRANULES.

*Of 1-50 of a grain each.*

Aconitine,	Morphine,
Arsenious Acid,	Strychnine,
Atropine,	Valerianate of Atropine,
Digitaline,	Veratrine.

*Of 1-5 of a grain each.*

Tartar Emetic,	Extract of Hyosciamus,
Codeine,	" of Ipecac,
Conicine,	" of Opium,
Extract of Belladonna,	Proto-Iodide of Mercury,

Lupuline,	gr. ½	Extract Rad. Aconite,	gr. ½
Extract Nux Vomica,	½	Emetine,	½
Veratrine,	1-24	Iodide Mercury,	½
Sulphate of Morphine,	1-8	Valerianate Morphine,	1-8
Corrosive Sublimate,	1-12	Acetate Morphine,	1-8
Nitrate of Silver,	½	Digitaline,	1-24
Extract of Hyosciamus,	½	Strychnine,	1-12

Colchicum (each granule equal to two drops of tincture.)

## DRAGEES.

Copaiba, pure solidified,	Cubebs, pure,
Copaiba and Cubebs,	Cubebs and Alum,
Copaiba, Cubebs and Citrate Iron,	Cubebs, Rhathany and Iron.

To be had at the principal Druggists. Sole Wholesale Agent,

**F. A. REICHARD,**

60 John street, between William and Nassau streets, New York.

For sale in Boston, by I. BARTLETT PATTEN, Druggist, 27 Harrison Avenue. To any Physician or Druggist who will forward his address, with stamp enclosed, a price list will be sent. May 29—6m

# MEDICAL JOURNAL ADVERTISING SHEET.

**MUTUAL LIFE INSURANCE.**—The *New England Mutual Life Insurance Company* (Office Company's Building, State st., corner of Congress st., Boston) insures lives on the mutual principle.

Accumulation—over \$1,500,000, and increasing, for the benefit of members, present and future. The whole safely and advantageously invested.

The business conducted exclusively for the benefit of the persons insured.

The greatest risk taken on a life, \$15,000.

Surplus distributed among the members every fifth year, from Dec. 1, 1843.

Premiums may be paid quarterly or semi-annually, where desired, and amounts not to fall.

Forms of application and pamphlets of the Company, and its reports, to be had of its agents, or at the office of the Company, or forwarded by mail, if written for, post-paid.

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BENJAMIN F. STEVENS, *Sec'y.*

W. W. MORLAND, M.D.,

Sept. 25 Consulting Physician.

## GARRATT ON MEDICAL ELECTRICITY.

Embracing electro-physiology and meteorology; describing uses and uses of the different currents obtained from various kinds of Batteries; "Electro-Therapeutics," showing clearly, yet limiting those classes of nerve-affections, and of joint and muscle diseases, to which this treatment is not only the method of application, &c. By ALFRED C. GARRATT, M.D. Second Edition. Pp 700. 100 Illustrations. Price, \$3 00

P. S.—Dr. Garratt, No. 9 Hamilton Place, Boston (near Park street Church), continues to give special attention to the medical uses of Electricity, i.e. primary galvanism, in *Nervous Affections*—for restoring the vital forces; for restoring tone in certain cases of atony, weakness and pain, as also in many of the more grave nervous affections—traumatic, wasting, and reflex-paralysis; cold-rheumatism, sprains, sciatica, lumbago, irritable spine, neuralgia, head-aches, nerve-deafness, sensitive eyes, infantile palsy, chorea, aneurysms, torpor of bowels, and the like. Feb. 27

## DOUGLASS'S NEW PATENT ARTIFICIAL

LEG is receiving the approbation and recommendation of the most distinguished Surgeons throughout the country. The large number of persons in all professions using it, and the rapidly increasing demand, are indications of its superiority over other substitutes. Radically differing from all others in its construction and articulation, combining the most scientific mechanical and anatomical principles, it possesses great strength, lightness, durability, and a successful imitation in form, color, finish and movement of the natural limb. Perfectly adapted to every form of amputation, many persons wear them who have lost both legs.

Descriptive pamphlets sent free. The patent is owned and Leg manufactured exclusively by the inventor,

D. DE FORREST DOUGLASS,

Sept. 26—1y

## ELIXIR BARK AND PROTIOXIDE OF IRON.

This pleasant and highly efficacious combination, the formula for which, has been in the hands of physicians for more than a year, we can now furnish in gallon, half-gallon, and pint packages. The desirable point is here attained of combining with a *colloidal* of iron, cinchouine and quinine, the active principles of Calissaya Bark, in the form of a pleasant, agreeable elixir.

One ounce of the Elixir, together with the formula, will be furnished physicians upon request.

J. R. NICHOLS & CO., 12 Kilby st.

Jan. 9—1f

## DR. J. H. DIX has removed to Boylston, corner

of Tremont street, and attends exclusively to

DISEASES OF THE EYE AND EAR.

Dec. 24, 1857.

## DR. HASKET DERBY,

No. 6 Beacon Street,

Gives his exclusive attention to Diseases of the

Eye. Office hours, 9 to 11 A.M., and 4 to 6 P.M.

Dec. 24—1 yf

**ALBANY MEDICAL COLLEGE.**—The next annual course of lectures will commence on the first Tuesday in September, and continue sixteen weeks. Degrees will be conferred at the close of the Session, and also in June. Fee for full Course, \$65. Graduation fee, \$20.

Materials for dissection are abundant, and furnished to Students on reasonable terms as at any similar Institution in the country. A spacious Hospital has been opened nearly opposite the College, to which Students are admitted free of charge.

Weekly Cliniques are held in the College.

Boarding, from \$2.50 to \$3.50 per week.

ALDEN MARCH, M.D., Prof. of Principles and Practice of Surgery.

JAMES MCNAUGHTON, M.D., Prof. of the Theory and Practice of Medicine.

JAMES H. ARMSBY, M.D., Prof. of Descriptive and Surgical Anatomy.

HOWARD TOWNSEND, M.D., Prof. of Materia Medica and Pharmacology.

CHARLES H. PORTER, M.D., Prof. of Chemistry and Medical Jurisprudence.

JOHN V. P. QUACKENBUSH, M.D., Prof. of Obstetrics and Diseases of Women and Children.

J. V. P. QUACKENBUSH, *Reg'r.*

Albany, May 8, 1862.—1f

## PALMER ARTIFICIAL LEG.—TESTIMONIALS

from the SURGEONS and PHYSICIANS of Boston. The following flattering "testimonial" has just been awarded to this important invention. A more convincing proof of its great public utility could not be desired, comprising, as it does, the most distinguished Surgeons and Physicians of New England.

"The undersigned, having for many years witnessed the successful use of the Artificial Limbs manufactured by PALMER & Co., of this city, very gladly recommend them to persons who have suffered the loss of a lower extremity. The very ingenious mechanism which is applied in this invention, and to which several important improvements have been added since the original invention was introduced, produces an imitation of the shape and motion would seem possible.

"We recommend them with pleasure and confidence to those who may need such assistance."

*Surgeons to Mass. General Hospital.*

S. D. Townsend,  
J. Mason Warren,  
Henry J. Bigelow,  
Henry G. Clark,  
S. Cabot Jr.  
Geo. H. Gay.

*Physicians Mass. General Hospital.*

J. B. S. Jackson,  
Henry I. Bowditch,  
Augustus A. Gould,  
Charles E. Ware,  
Francis Minot.

Wm. J. Dale,  
*Surgeon Gen. of Massachusetts.*

Benj. S. Shaw,

*Resident Physician to Mass. General Hospital.*

Wm. E. Coale, Boston.  
Joseph Sargent, Worcester, Mass.

Lyman Bartlett, New Bedford

Thos. H. Gage, Worcester.

E. K. Sanborn, Professor of Surgery, Castleton

Medical College. May 30

Boston, July 1st, 1861.

## HAVING sold to Messrs. CODMAN & SHURT

LEFF, 13 Tremont street, our whole stock of Surgical, Dental, and Veterinary Instruments, and having relinquished these branches of our business, we hereby recommend the establishment of Messrs. Codman & Shurtliff to our former patrons.

HASSAM BROTHERS

(late Kingman & Hassam).

Feb. 13—1f

## RETREAT FOR NERVOUS INVALIDS.—At

Pepperell, Mass.—The undersigned, having taken the Establishment for many years occupied by the late NEREMIAH CUTTER, M.D., as a Retreat for Nervous Invalids, will continue to receive patients as heretofore. We are pleased to refer such to

Luther V. Bell, M.D., Charleston, late of the

Mr. Lyman Asylum.

Chas. E. Ware, M.D., No. 1 West st., Boston,

Ed. J. Davenport, M.D., 20 Bedford st., "

J. A. Wood, M.D., Marlboro' Hotel, "

Chas. F. Jones, Esq., 55 State st., "

JAS. M. STICKNEY, M.D.

Pepperell, Oct. 18, 1860. Jan 9, '62—1yr.

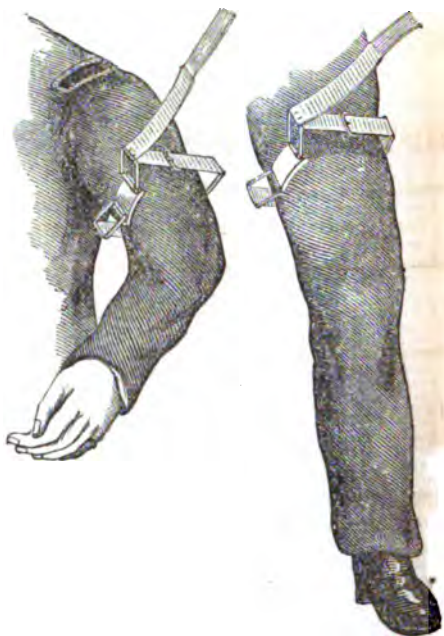
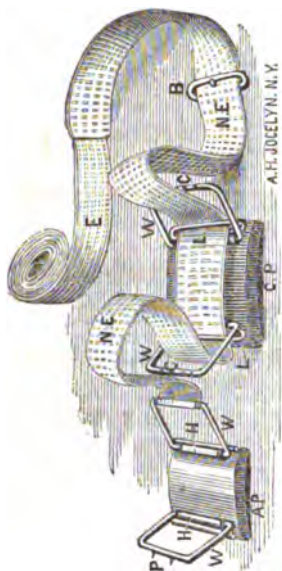
## CLIAS H. SPRING, M.D., has removed from No.

215 Washington st. to No. 7 Harrison Avenue.

Special attention given to Diseases of the Spine.

Office hours, 9 A.M. to 2 P.M. Jan. 9—1f


THE AMERICAN,  
OR  
LAMBERT'S NEW ELASTIC TOURNIQUET.



This Improved Tourniquet is now offered to the Profession. It has been tested in this country and in Europe, for every purpose for which a Tourniquet can be applied, and has received the unqualified approval, so far as we can learn, of all surgeons, the previous opinions of our own being confirmed by the most eminent in Europe, before whom it has been presented.

It is easily applied; allows, when desirable, "collateral circulation," and is very compact and portable.

**PRICE, \$2.**

 Send for a Circular of description and commendations.

**WADE & FORD,**

*Sole Agents, New York.*

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THE AMERICAN, OR LAMBERT'S NEW ELASTIC TOURNIQUET,

*For sale by*

**CODMAN & SHURTLEFF,**

**13 Tremont Street.**

**\*.\* For Field, Hospital and Private Use.**



THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. LXVII. THURSDAY, SEPTEMBER 11, 1862.

No. 6.

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OPERATIONS AFTER AN ENGAGEMENT—AMPUTATIONS.

[Translated from M. Saurel's "Traité de la Chirurgie Navale," by THOMAS WELSH, M.D., Acting Assistant Surgeon U. S. Navy. Continued from page 412, Vol. LXVI.]

THE conditions are not the same with the lower extremities. Larger bones, more powerful muscles and fewer elements of vitality, produce more serious wounds in that region, and if their length, form and solidity are too much compromised, they cannot perform their functions.

Indications of treatment of injuries of the lower limbs, clearly drawn up, would be most desirable, but on this point there is the greatest disagreement. It is, however, generally acknowledged that injuries of bones of the foot rarely demand amputation. Those of the first tarsal row are rarely affected without involving the tibio-tarsal articulation, and hence the danger resulting from them.

In fractures of the leg, without serious complications and only of one bone, the preservation of the limb can be attempted. "In this case," Baudens says, "the proportion of success is equal to that of failure, whilst in similar circumstances of fractures of the upper extremity there are 10 cases of success to 1 of failure. It is proper, then, to attempt a cure of fractures of the leg without resorting to secondary amputations, and almost always we ought to make the effort of preserving the upper extremities."

Military surgeons, especially Larrey and Ribes, have laid down as a rule that all fractures of the thigh, the result of gunshot wounds, demand amputation.\* Baudens is not less decided. Of all fractures by gunshot wounds, he says, fracture of the thigh is undoubtedly the one which most imperatively demands amputation. All fractures of this bone require immediate amputation. Surgeons of

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\* This rule has been very frequently violated by Larrey himself and the military surgeons of that epoch. Neither were the surgeons of that age so unanimous on this point as is generally supposed. Perry and Laurent, in the article *Gunshot Wounds*, in the "Dictionary of Medical Sciences," Vol. 43, p. 65, say, "When a ball has produced great destruction of the thigh and broken the bone into splinters, it is much better to make large incisions and to extract all the loose splinters than resort immediately to amputation. A shortened limb will be much more useful than a wooden leg the most ingeniously made."

the present age, unacquainted with the battle-field, have protested particularly against this decision, and the experience of the last wars has justified them.

The statistics of M. Legonest, in the work we have already quoted many times, prove, with all the eloquence of great numbers, that this principle is much too absolute. It appears, indeed, from the interesting researches of Dr. Chenu, that out of 1664 amputations performed during the campaign in the East, for fractures of the thigh, resulting from gunshot wounds, only 123 cases of recovery could be set down—7.04 in 100; whilst in 337 fractures where amputation was not performed, there were 117 recoveries. If we are guided by these figures, amputation should be absolutely dispensed with, since by refraining there would be five times the chance of curing and preserving the limbs entire; but the first cannot serve us as data, since it represents an unexampled mortality.

The wounded in the Crimea had to contend with the rigor of the climate; epidemics, such as cholera, typhus, scurvy, and hospital gangrene; hurried evacuation of places, and marches under most deplorable circumstances—everything, in a word, which could compromise the success of operations the most skilfully performed. There was needed such a combination of circumstances to explain the proportion of 92.06 deaths in 100, but they only give more value to so remarkable a number of recoveries obtained in the cases of non-interference, for those pernicious influences were common to all the wounded. It will be a parallel to statistics of amputations performed in the hospitals for recent traumatic lesions. It is true that limbs which have been spared were evidently less injured, and constitute only one-fifth of the whole number; it is equally probable these results would have been different if the statistics had been drawn from 1664 other fractures; but in summing up, it is nevertheless proved that recoveries take place very frequently without amputation, and it is important to define the cases in which it is necessary to perform it, and those in which it is not. It is difficult to point out positive indications.

The following are the rules which seemed to prevail in the army of Italy.\* Fractures of the thigh, when we thought we ought to reject or postpone amputation, justified our attempts at conservative surgery under the following circumstances:—

1st. Simple fractures of the thigh, or those very little comminuted, with more or less irregular surfaces of coaptation, but without decided deviation of the extremities from the axis of the bone, as is observed when there is splintering of the diaphyses.

2d. When extraction of small and loose splinters can be done immediately.

3d. Absence of grave complications, of hæmorrhage, and foreign bodies buried in the midst of soft parts.

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\* A. Berberand, Italian Campaign of 1859, *Médecino-Chirurgical Letters*, Paris, 1860, p. 90.

4th. Possibility of carrying the wounded to a very short distance from the scene of the fight, to apply promptly the local and general means of treatment demanded, without any fear of disturbance afterwards.

Lastly, immediate amputation of the hip joint is still rejected by the majority of surgeons of the present time. Messrs. Sedillot, Thénot, Valette, Scribe, Guyon, Larrey, Legonest, proscribe it, because it has always been followed by death. M. Jules Roux expresses his opinion quite positively. "Disarticulation of the thigh performed immediately after a gunshot wound of the upper part of the thigh, is at present," he says, "a condemned operation." \*

In adding the 30 cases collected by M. Legonest to the 29 from the already quoted statistics of Dr. Chenu, and subtracting the 9 communicated by M. Thomas from the first of these authors, which probably appeared in both the analyses, there were 50 deaths after 50 operations. Naval surgeons have not been more fortunate; in 5 primitive disarticulations there were 5 deaths. If the wound is inevitably mortal, we ought not to have to reproach ourselves for a useless operation, by which the death of the patient is hastened.

In the Crimean campaign, M. Legonest quoted 24 cases of fracture of the upper third of the thigh produced by gunshot wound, cured without amputation. M. J. Roux counted 21 among the army of Italy, which were sent to him at the Hospital of St. Mandrier. We had an opportunity to observe one at Brest, in the service of M. Duval, as the result of the affair of Bomarsund.

It is, then, well demonstrated that patients can recover from such wounds, and cannot survive the operation, and non-amputation should be the rule.

Gunshot wounds of the large articulations demand generally the sacrifice of the limb. Any wound penetrating their cavity, even when it is of little extent and made by a cutting instrument, is a grave lesion. The danger is greater, when it is made by a projectile from a cannon. The splinters detached and buried in the articular surfaces act there as foreign bodies; owing to which, and the inevitable access of air, the most violent traumatic arthritis can be prevented only by amputation in the majority of cases. However, when the ball has not touched the cartilaginous surfaces, and when it only perforates cleanly the spongy portion of the bone without causing very considerable destruction, Baudens thinks we ought to refrain from an operation. This restriction, according to him, is not applicable to penetrating wounds of the joints.

When the head of the bone entering into the joint has been touched, it always leaves long fragments in the capsule of the articulation, and resection or amputation is clearly indicated. We have seen that at the hip this last resource is not applicable. We find

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\* Disarticulation of the thigh, from observation made in 1859, upon sailors of the Navy, and the wounded of the Armies of Italy. A memoir read at the Academy of Sciences, Session 16th, April, 1860, by Dr. Jules Roux, Surgeon of the Navy.

in these cases, besides, the same differences of gravity between the wounds of the thoracic extremity and those of the pelvic member. In the first, the limb is frequently preserved by resecting the extremity of the bone the most compromised. This operation is sometimes necessary at the shoulder; generally with happy results. At the elbow, wrist, and hand, amputation, with proper care, can at almost always be avoided. It is not the same with the lower extremities. Percy considered it indispensable, whenever the articulation of the knee or ankle was opened by a ball; and at the present day we are strongly inclined to amputate the thigh at the inferior third, and the leg above the malleoli.\* As to the wounds of the small joints of the foot, they can almost always be cured by continual irrigations.

In connection with these principles borrowed from French military Surgeons, we will present those which guide the practice of our German confrères. Doctor Stromeyer has compiled them in the most explicit manner.† He divides the indications of immediate amputation on the field of battle, into general and special.

The general indications are:—1st, When a large limb has been carried away by a large projectile. 2d, When the simultaneous lesion of nerves and vessels takes away the possibility of preserving the vitality of a limb. 3d, When there are considerable lesions of nerves or vessels. 4th, When, the skin remaining uninjured, the bones and soft parts have been bruised by a bullet.

The special indications of amputation of the upper limbs comprise:—1st, The simultaneous lesion of vessels and nerves. 2d, Fractures of bones, with tearing of the main artery. 3d, Very extensive loss of substance of the soft parts. 4th, Comminuted fractures of the elbow, with lesion of the brachial artery. 5th, Fractures of the wrist, when this region has been crossed in its largest diameter.

For the lower extremities, M. Stromeyer considers amputation demanded under the following circumstances:—1st, The complete loss of a part of the leg, carried away by a bullet. 2d, Irreparable loss of substance. 3d, Fracture and subcutaneous attrition of the soft parts of the leg. 4th, Lesion of the crural artery or the popliteal at the same time as the accompanying vein. 5th, Fracture of the femur, with danger of the vessels being wounded by the fragments. 6th, Fracture of the femur in its greatest extent. 7th, Fracture of the femur and simultaneous lesion of the sciatic nerve. 8th, Balls going through the knee joint, and injuring more or less the osseous articular surfaces. 9th, Penetration of a projectile, wounding the capsular ligament of the knee. 10th, Fracture of the tibia below the knee, going into the articulation. 11th, Extensive frac-

\* I think it useless to insist on the superiority of amputation above the malleoli, compared to that at the seat of election. On this point all naval surgeons are agreed, and M. Marcellin Duval particularly has developed it with great force in his teachings and writings.

† Principles of Military Surgery, by Dr. Stromeyer, Surgeon-General of Hanover, and the Army of Schleswig Holstein. 2 vols. 8vo. Hanover, 1855.

ture of both bones of the leg. 12th, Extensive fracture of the tibia alone. 13th, Fracture of the tibio-astragalan articulation (tibia or astragalus only) in its greatest diameter. 14th, The breaking off, by a projectile, of a great part of the external malleolus. 15th, Shattering of the anterior part of the foot by a large projectile.

The importance of this question justifies the long details into which we have entered. We have tried to expose, as faithfully as possible, the opinions of our confrères of the army. Whatever value we may attach to them, we cannot regulate our practice in all cases by them, because the conditions in which we are placed are different. The battle-field has cruel necessities. After a battle, the number of wounded exceeds the limit of all care and arrangements the most extensively prepared. It is impossible to give every one the attention he demands, and watch over the progress of his treatment. Thus operations, which could be avoided under more favorable circumstances (and these occur on board men of war), are obliged to be performed. Naval surgeons can therefore attempt conservative surgery more than their confrères of the army, and break through some of the rules which they have established. We propose shortly to furnish the proof of this.

It is true we have supposed the ship to be in good condition after a combat. If bad weather comes up, and there is necessity of closing the ports, and if closure of the hatches prevent the free ventilation of those parts of the ship filled with the wounded, it will not be long before dampness, absence of light and impurity of air will cause the most unhappy complications and compromise the success of the best efforts. This happened in the Crimea in the winter of 1854-55, and will happen wherever the wounded are subjected to the combined influence of huddling together, dampness and cold. Overcrowding is the most formidable obstacle which hygienic measures have to contend with. The danger increases when there is crowding of the sick, and is at its height when the wounded are included. Then exhalations from large suppurating and frequently gangrenous wounds are added to the ordinary causes of deterioration of the air. On shore, in the wards of our hospitals, in spite of the best prophylactic measures, we are not insured against purulent infection, and cases appear now and then. These fearful complications are much more to be expected on board of crowded vessels, and to these ship fever may be superadded. For the production of this it is not necessary that there should be a prolonged crowding of the wounded. It broke out during the campaign of the East in many vessels engaged in transporting the sick to Constantinople, notwithstanding the rapidity of the voyage. We shall find many more terrible examples of it by referring to more distant periods. The fear that these formidable scourges may appear, ought always to be present to the minds of surgeons, and they should adopt all precautions to prevent them.

[THE following article on the Military Hospital at Portsmouth, R. I., which we extract from the *Monthly Journal of the Unitarian Association*, speaks the honest truth in such a manly way, and is so interesting withal, that we commend it to the special consideration of our readers. It is time that the whole country knew to what outrages too many of our brave soldiers are constantly exposed.—Ed.]

#### THE HOSPITAL AT PORTSMOUTH, R. I.

THOSE who are interested in the operations and management of our military hospitals will find it instructive and profitable to visit the large establishment of this kind which has recently been fixed at Portsmouth, in Rhode Island; and is intended by the Government to be permanent during the war. Access to the grounds is easy by the steamer "Perry," from Providence, which stops at the Portsmouth landing, on the way to and from Newport; or by carriage from Newport, from which town the hospital is only seven miles distant. "Passes" of admission may be obtained from the proper military and civil authorities—most conveniently from the Mayors of Providence, Newport, or Fall River. All the repulsive features of the management of this hospital, which, in the first weeks of its existence, amazed, irritated, and disgusted every sympathizing visitor, have now disappeared. The sick and wounded are no longer left to lie, without food and without heed, upon the bare ground; but have comfortable beds, sufficient clothing, and suitable food. The delicacies sent from the cities and from the homes of the wealthy are now distributed to those for whom they were intended, and are not sold to the sick by unlicensed hucksters. The present senior surgeon is neither profane nor intemperate, and does not insult the patients whom fortune has given to his charge. The praise of Dr. Carpenter is on the lips of all; and the testimony to his attention, skill, kindness, and disinterestedness, is spontaneous and universal. All agree that the hospital is regenerated since he has been allowed to have charge of it; and many express emphatically their conviction, that they owe their lives to him. No man can go through the wards with Dr. Carpenter, and watch the countenances of the sick as they greet him, without feeling sure that he is the right man in the right place; one who will not connive at frauds or tolerate abuses, and whose sympathies are all with the unfortunate.

In the first days of the hospital, there was much complaint that the rebel prisoners had most of the help, while our own sick and wounded were neglected. Gentlemen visiting the ground were surprised to find, upon the bodies of these rebels, articles of clothing which they had sent for Union sufferers, and to receive from these unlawful owners an insolent answer when the mistake was suggested. It was noticed that some well-dressed ladies conspicuously lavished their attentions upon the foes whose wounds and captivity had not in the least mitigated their enmity to the Government, or their determination to fight against loyal men. Some of the stories

of these exclusive attentions to rebels were doubtless exaggerated. Jealousy may have magnified acts of common humanity into a show of "secession" sympathy. However that may be, such discrimination among the patients is now quite at an end. All now are treated alike, friend or foe; all are sick men, to be cared for according to their need, without any special indulgence. The hospital is a prison, only so far as the occupants are restrained from leaving it. It is not a prison in the sense that it subjects any to penalties, or takes any account of the former acts or circumstances of the patients. It has the same supervision of the loyal sick as of the rebel, and guards against desertions as much as against escapes. There is no special sentinel set for the barrack where the rebels are. Indeed, this is hardly necessary as a military precaution; since the number of prisoners is comparatively small—not more than thirty in all—and they are watched by twenty times that number of Union convalescents, who would at once give the alarm should the prisoners attempt to escape. Most of them are disabled by wounds. Some of them are civil, agreeable, and intelligent men; and all testify that they have been cared for more kindly than they could have expected, and that they have met with fewer hardships in the hands of their captors than in their own camp-life.

The number of Union patients in the hospital, at the beginning, was about seventeen hundred. Many of these have already been discharged, some to other hospitals, and some to their regiments. But the calamities of the war will continue to reinforce the hospital, and it is expected to furnish places for at least two thousand patients. The tents in which the patients were placed at first have gradually given way to comfortable barracks of wood, each large enough to receive two hundred patients; and so situated, that all have free ventilation, and neither interferes with the others. In the buildings where the most severe cases are placed, the beds are arranged in line on either side, with a wide passage-way between, as in the wards of the city hospitals. In the buildings devoted to convalescents who are able to walk and to climb, the beds are arranged in tiers, on the sides and in the centre, as in the cabins of a steam-boat. Everything about the buildings and tents, so far as the eye can judge, is clean, orderly, and comfortable. The sick here have the benefit of the same air, and, to some extent, of the same scenery, that pleasure-seekers, both North and South, go from their homes to find at this season. In the warm days, the cool breeze from the sea breaks the force of the sun; and the cold north wind is softened by the hills which hide this retreat. Except for the difficulty of getting good and sufficient water, no better place for a hospital could be found in the Northern States.

Most of those who have been brought to the hospital, thus far, are from the army of the Potomac. Nearly every Northern State is represented, and every branch of the service—infantry, artillery, and cavalry. Comparatively few are wounded men—less than one

tenth of the whole number. Most are suffering from diseases contracted by imprudence, bad air, exposure, hardship, and insufficient food. In some cases, and those the most painful, camp-life has only developed fatal diseases, the seeds of which were before in the system. The scene in this hospital shows what great responsibility rests on the physicians who examine volunteers for the war, and what a fearful wrong may be done by sending into the field men physically unfitted for the soldier's duty. Thousands of lives, which have been lost to no purpose in this war, might have been saved by competency and fidelity in the examining surgeons. This duty of medical examination is, we are compelled to believe, too much slighted even by men who are conscientious in their regular medical practice. No man who has any evident physical infirmity, whether of the lungs or the heart or the limbs, should be allowed, whatever his zeal may be, to become a soldier in our armies. A regiment that is swelled by such recruits is weakened, not strengthened. The sick hold back the well; and the nation is burdened by an army of incapables, who are no better than pensioners upon its bounty from the very day of their enlisting. A surprising number of those who are patients in the Portsmouth Hospital have been in no battle; and would never have been in the ranks, if the surgeons who were appointed to examine them had been skilful or faithful. Not a few have been received, as we have reason to believe, on the certificates of quacks, who are ready to vouch for the soundness of all who pay them liberally.

Another positive impression which a visit to such a hospital as this gives, is that very much of the sickness of the soldiers is owing to neglect and maltreatment on the part of the officers. There are very few sick men in the companies where the captain and the lieutenants are vigilant and sober; but, where the officers spend their leisure in physical indulgence, the men are apt to be attacked by severe disease. Where there is a drunken commander, there will be fever and jaundice and rheumatism and scurvy in the ranks. The two facts do not seem to have any necessary connection of cause and effect; yet it is not accident that they should be so frequent and general in their connection. The drunkenness of officers not only destroys that moral sense which best sustains an army, but disables the men physically. And, in our judgment, the governor is entitled to praise, who refuses absolutely to commission for military office any man who is known to be a "drinking" man; any man, even, who will not discourage the use of ardent spirit among the men of his command. It is a fatal delusion, that bad whiskey can make good soldiers; but a more fatal delusion, that leaders who poison themselves with bad whiskey will have sound men in their companies. The recruits who join the old regiments, will, if they are wise, take pains to know the habits of the officers—of sergeants and corporals, as well as of commissioned officers—before they select the company which they will join. Above all things, let them avoid



any regiment whose surgeons are drunkards. More than one instance has been told to us, by generals in command in this war, where the knife of a tipsy operator has rendered deadly the slight hurt of the enemy's bullet. It is a crime to intrust the lives of men to such a person. A profligate chaplain is bad enough—and there have been such in our army—but a profligate surgeon is worse; inasmuch as the harm which he may do cannot be remedied. Many are sent to die in the hospitals, because they were neglected in the camp, or wrongly treated by physicians who did not know how to take care of themselves.

The large hotel on the hospital ground is used chiefly for the residence and the offices of the attending surgeons and stewards, and as a place of deposit for the articles of necessity and comfort provided by the Sanitary Commission. An exact inventory of all these articles is taken as they are brought in—of their number, their description, and the place from which they come—and they are given out by the superintendents to such patients as most need them. No articles sent for gratuitous distribution are sold, and great care is taken to prevent injustice in the delivery. No delicacies are allowed to be given to the sick, except by the advice and order of those who know best what is fit for them. Of course, some will complain that the cakes and jellies and preserves which others receive do not fall to their share: but, in many cases, these would do positive injury; and instances are told, where recovery has been perilled and delayed by injudicious gifts in this kind. Casual lookers-on are not competent to allot these "creature comforts," more than to administer medicines; which, indeed, these things are, when brought into a hospital. It is an uncourteous breach of privilege for visitors to disturb the harmony and derange the treatment of the wards by giving articles of this kind to those who happen to enlist their sympathy. Even gifts sent to the patients directly from their own homes cannot safely be handed over to those who claim them, except at the discretion of the attending physician; and it is to be presumed that many nice articles, which fail to reach those to whom they are sent, are held back for good sanitary cause, and not embzzled, as friends may suspect.

In a large hospital, what is most needed is abundant means for amusement and recreation. Most of the patients are too feeble to walk about, except at short intervals; and many are confined wholly to their beds. Any pleasant reading which can be left with them is welcomed, and nothing in this kind is prohibited. Magazines, small books, tracts, newspapers—such comforts as these do more to aid convalescence than cloying or stimulating gifts to the palate. Even solid theological quarterlies are not rejected; and, if soiled pages are a test of faithful use, a recent issue of the "*Christian Review*" has been well circulated in one of the wards. Visitors, who wish to leave some token of their interest in the men with whom they converse, would do well to take with them a good supply of this

light and interesting reading. Bibles they need not carry; since most who care for Bibles have them already. Paper and postage-stamps are also a very acceptable gift; since letter-writing is one of the best recreations of the hospital. A large part of the patients, when asked what they are in most need of, will mention "postage-stamps" as the first thing, and paper as the second. A couple of dollars spent in this commodity will go further than a bottle of sherry wine, good as that is in some cases. A gift of these articles is easily carried, and will be by all gratefully accepted.

And, even when no gift is carried, visitors to the hospital may do good and leave a pleasant influence by simply conversing with the patients; not passing on in dumb silence, as if they were going through an exhibition or performing a solemn duty, but stopping to tell and learn something with friends that they have come to see. There is nothing more annoying to sick men than to be "shown up" as a spectacle, or to read in the faces which gaze upon them a look merely of curiosity, of wonder, or of pity. Cheerful words; questions concerning their home, their former associates, their regiments, their future intentions and hopes; any thing which can bring the sick to forget for the time that they are invalids—these make a visit to the hospital good, both to those who go and to those who are there. One who cannot so cheerfully talk with the patients had better stay away: his presence among them will be an embarrassment and a nuisance. Almost as bad as this chilling silence is the formal and pietistic speech which some visitors bring, which seems to a nervous invalid like a death-warrant.

The hospital is not without its religious services. On the Sundays, ministers of the several denominations are invited to preach; and there is a chaplain at hand to attend to those funeral rites which are required almost daily. Already fifty graves are arranged side by side in the cemetery upon the grounds, rounded and sodded carefully; each marked by its head-board bearing the name and age and regiment of him whose body rests there. The graves of the rebels are not placed apart, but lie in line with those of the loyal soldiers. By and by, this Portsmouth grave-yard will be one of the most interesting in New England, from the wide circle of its associations, and the varied histories which it suggests. Many of the bodies may be hereafter removed by friends; but it is probable that most will be left in their place, and that the memorial-mark of those removed will still be kept here. In future time, this spot, where the martyrs are buried, may become a place of pilgrimage, as sacred as Bunker Hill and Plymouth Rock, as the hill of Montmartre in Paris, or the Bunhill Fields in London.

**Army Medical Intelligence.***Surgeon-General Dale.*

BATON ROUGE, LA., AUG. 18, 1862.

DEAR SIR,—It has occurred to me that an account of the bivouac for near five weeks of this regiment in the swamp opposite Vicksburg, Miss., may possess for you, at least, a melancholy interest, as exhibiting how quickly, and with how little result of value, the effective strength of a body of men may be destroyed by a disregard of facts familiar as A B C to the merest tyro in medicine.

June 16th, 1862, the 30th regiment of Massachusetts volunteers embarked at Baton Rouge, La., with a total strength, rank and file, of eight hundred and seventeen (817) men. Not only were all the sick left behind, but as a detachment was to remain in charge of the regimental property, and the State House, which was occupied as quarters, I selected, in addition to all unfit for duty that day, about forty men for guard, who were not quite up to the standard requisite for the severest duty in the field. Thus culled of the feeble as well as the sick, the regiment was in splendid condition. As an evidence of this fact, it may be mentioned that on our way up the river, between 11, A.M., and 5, P.M., one of the hottest days of the season, we landed and made a march of from ten to twelve miles over a very dusty hard route, and although we had no ambulance or other means of conveyance, every man came in.

Arriving a few miles below Vicksburg, our regiment was immediately ordered to take a position about two miles up the levee and bivouac, for "per order" we were in "light marching order," without a single tent for sick or well. This order was, with the Colonel's usual promptness, executed at once under the burning sun of midday, the men, in marching from the river bank back to the levee, being obliged to wade through mud and water to their armpits. To a full understanding of the situation of the regiment, it should be remarked that the whole region for miles was "bottom" land or swamp, and had just emerged from an overflow of from six to ten feet in depth. On either hand of the levee (here four or five hundred yards back from the river bank), along whose sloping sides our men were laid without protection, was a dense wood with thick underbrush, the trees heavily festooned with the graceful but malaria-suggesting moss of the southern swamps; while the ground, covered thickly with a fresh deposit of vegetable matter, was passable only by wading and jumping from one "hummock" to another.

A portion of our men were at once set to work as pioneers to survey and clear the route of the proposed cut-off, not only working in the water and mud waist deep under a midsummer southern sun, but being obliged to bivouac without change of clothes, the heavy dews preventing their garments from drying, and causing the last part of the night to be very chilly. For two weeks the regiment occupied this position, their experience being varied only by five hours drill a day, two and one half hours of it being before break-

fast, and in our regiment often at double quick, and by digging in the canal—quite a portion even spending the Fourth of July in this latter enthusiasm-damping manner. At the end of that time the regiment was ordered up on the line of the cut-off, the ground having become sufficiently dry to admit of a bivouac off the levee. The new position was in the wood, the underbrush having been grubbed up, and just alongside the canal from which large quantities of fresh soil, composed of vegetable deposit, was constantly being thrown out; thus adding another powerful disease-producing agency to those encountered at the other position. This state of things, drilling and digging included, remained unchanged until the final evacuation of the place, July 24th.

The immediate results of this long exposure, under the most unfavorable circumstances, to the influence of an intense and malignant malaria, may be briefly summed up thus. When we embarked for Baton Rouge, I had sick in hospital one hundred and ninety-seven (197), and sick in quarters two hundred more, while we had buried eighteen during our bivouac. During the fortnight that elapsed from our leaving the swamp to the reception of orders for all our sick and wounded to be sent to New Orleans (August 8th, three days after the battle), the sick list did not fall below four hundred, and rose as high as four hundred and fifty, the numbers being about equally divided between the hospital and quarters. The rate of mortality, also, continued much the same as during the last days of our stay at Vicksburg, the loss from sickness being ten during the first eight days of August. Still I could see a gradual improvement in the regiment as a whole, the symptoms of the new cases being less severe, less cases of congestive chills occurring; especially was I gratified to notice that the large list, more than two hundred in number, not actually on the sick report, but capable of only the lightest duty, was making a slow but sure gain of strength. This was better than I had anticipated, for saturated with malaria as our soldiers were, and exposed to the debilitating effects of an August in Louisiana, I did not dare to hope for much improvement until the cool weather of autumn.

The other regiments, three in number, engaged in this expedition, suffered very severely; but from the fact that they did not sleep on shore, being allowed to use the transport steamers as barracks, they escaped somewhat lighter. Nims's battery (2d Mass.) was situated more nearly like our regiment, and the result was similar. This corps was composed of the best material I ever saw collected into one company, the poorest man being more than an average soldier, and after a year's service had not lost a man, and had but one on the sick list. Yet in spite of all this, and in spite of the utmost efforts of Capt. Nims, than whom a more thoughtful, watchful commander never existed, I had on the hospital boat on our return forty-five (45), from this battery; and when, August 8th, the sick were sent to New Orleans, sixty-seven of these men went, while five of the splendid

athletic fellows had died, making a total of seventy-two (72) from the one hundred and thirty-seven (137) with which the company arrived only a few weeks before in this department.

The general type of disease thus produced was that of a severe remittent fever, with a strong tendency to the congestive form of the disease, or congestive chills. Intermittent fever was less prevalent than remittent, my report for July showing three hundred and eighteen (318) cases of the latter to two hundred and six (206) of the former. Indeed, one of the first signs noticed after leaving the swamp as indicating that the malarious influence was becoming less powerful and malignant, was a proportional increase of fever and ague cases. The attack was in most cases ushered in by a most distressing sensation of sinking at the pit of the stomach, and complete prostration, often accompanied by nausea and vomiting. Headache and pains in the back and limbs, though common, were not complained of nearly as much as weakness—a feeling of complete debility and exhaustion. In many cases the sinking sensation at the stomach was accompanied by an insatiable thirst, and at the same time an ounce of water would operate instantly as an emetic. These cases were extremely difficult to manage, many of them drinking and vomiting incessantly, if they could get water, apparently without any power to control themselves, or any desire except to quench their raging thirst. Not rarely this irritability of the stomach interfered seriously with the treatment, especially in those debilitated cases in which stimulation and the constant administration of nourishment were indicated.

At first the larger portion of the cases did not exhibit any symptoms of serious derangement of the normal action of the liver; but the longer we lay exposed to the miasmatic influence, the more frequent such symptoms became, until about the time we left, and since, almost every case presented prominent signs of bilious disturbance. Quite a number of the fatal cases exhibited a very decided yellowness of the skin and tissues generally, resembling very much the appearances noticed in several cases of yellow fever I had an opportunity of observing some years since at the Quarantine Hospital, Boston. Nothing, however, approximating to black vomit in appearance was exhibited by any of the cases, much to my gratification, for had there been, it would probably have been difficult to convince the men that the "yellow Jack" their secesh neighbors had so often wished upon them had not really made his appearance. After seeing those cases, I can readily believe in the great difficulty, if not impossibility, of drawing a positive and definite line of demarcation in some instances between yellow and remittent fevers.

Most of the cases presented well-marked remissions, though close watching was required in some of the worst instances to detect the ebb and flow of the fever tide, and some after two or three days took on a decidedly typhoid type. In most of the very severe cases, and in some from the first and without anything to indicate an un-

usually severe attack, there was manifested a tendency to congestive chills. Indeed this feature gave us the most solicitude, for often the person thus attacked would make no complaint, and it was only by constant watchfulness that treatment could be instituted in season to be of any avail. In this connection I would say that in the large majority of the well-marked cases of congestive chills I have observed in this region (about forty in number), there have been presented no signs of active congestion of any particular organ, but rather a condition of complete collapse from the overpowering violence of an exacerbation of the malarious disease, which had by its poison already weakened the brain and nervous system. There is indeed a deficiency of blood circulating in the surface and extremities, and an excess in the internal organs generally, but this is just the state observed in collapse from cholera, or other causes; and the patients often experience the same sensation of burning heat, while the surface is cold and clammy, as is observed in those suffering from cholera.

The treatment pursued was necessarily simple, for the remains of a U. S. three months supply of medicines for the field do not offer, during the last three weeks of the quarter, much opportunity for selection. The first lesson that I learned, was, that I could not make my doses too unirritating for reception and retention by the inflamed stomachs of my patients. Lime water added to medicine, drink, or food, or administered alone, often acted most beneficially in allaying the vomiting. Mustard externally proved invaluable, not only by often checking the most obstinate vomiting, but especially in restoring heat and circulation to the clammy cold surface and extremities in congestive chill. At first I often used in these cases friction with strong hot mustard water, but I soon became convinced that I got better results by applying immense poultices made from clear mustard, thus getting quicker and more powerful effects, and also avoiding the chilling influence of the exposure and evaporation, and the disturbance to the patient incident to the bathing. Capsicum I found very valuable as an addition to the quinine in all those cases where stimulation was indicated, and I was often, though not always, surprised, in cases accompanied by vomiting, to find that it seemed to allay rather than increase the nausea.

My stock of quinine getting very low, and communication with the source of supply failing, I treated most of the cases of intermittent fever occurring during the last two weeks of our stay, entirely with capsicum or nitric acid, and with good success too. It was rare for a man to shake the third time after taking four or five smart doses of a capsicum and nitric acid mixture during each intermission. In administering quinine, I became convinced that better results followed from three to five grain doses, than from larger ones less often repeated. Most of the remittent fever cases required during a remission at least ten grains to prevent a return of the fever, and very few more than fifteen grains. After the violence of the

attack had been broken, from three to six grains daily were found quite as good in preventing a relapse, as a larger quantity.

Stimulants were found most beneficial in almost every case in which my limited supply would allow me to administer them. In the cases of congestive chill, rapid and strong stimulation seemed the only salvation, while during the long and tedious convalescence, a little whiskey or brandy, three or four times a day, would often produce at once a most gratifying improvement. Indeed, I came to consider blue mass, castor oil, mustard, quinine, and good whiskey in plenty, as the essentials in treating malarious disease, and with these alone I think one could make a good fight even in a Mississippi swamp.

In concluding this already too long letter, I will note, without intending to complain in the least, a few of the disadvantages under which we labored in our hospital work proper. At first our hospital was on board a transport steamer, which was in constant service steaming up and down the river after negroes to work on the cut-off—thus rendering it very hot and noisy for the sick. Then, when the rebel ram Arkansas came rushing through the upper fleet, I was ordered post haste on shore, in the hot sun, with my sick; then in an hour on board again, then in two hours on shore again, and in ox wagons (the expedition had not a single ambulance) four miles, in a thunder shower, to some negro huts at the upper end of the cut-off. Getting half moved, my teams failed me, and continued to do so, so that thereafter I had two hospitals three or four miles apart.

Hospital stores or furniture I had none—no beds or bedding, or clothing, or proper material for the diet of the sick. Indeed, one of the most arduous items of my labors was endeavoring to obtain something not injurious for my sick to eat; and the same remark would apply with but little modification to the whole period of my service with the regiment. My hospital fund was useless, for no one had anything to sell that the sick needed, the planters in the vicinity being almost in a state of starvation. The only way to get any material for broth or soup, four days out of five, was to ignore gaining a hospital fund, and the positive rules and regulations made and provided, and, if so lucky as to get an opportunity, to exchange salt provisions for fresh with any one, black or white. Or if that failed, as it not rarely did, the only other resource was to disregard the strict orders, with terrible penalties attached, against "all plundering or marauding." If "charges and specifications" of the kind indicated above were made out against a surgeon who at home was not thought to be given to "lifting," and the truth and the whole truth were to "out," I fear the most friendly court martial could only render, "guilty, but justifiable."

July 5th, the very energetic and efficient Assistant Surgeon of this Regiment, Dr. A. F. Holt, was detailed to take charge of the numerous sick amongst the twelve or fifteen hundred negroes engaged in digging the canal, thus depriving the Regiment of any right

to his services until we left, though he voluntarily assisted me to the utmost of his time and strength, not engrossed by his peculiar charge. The fact that as large a number in proportion of the negroes were attacked, and in the same manner, as our soldiers, the circumstances of both being very similar, is worthy of notice, and in my opinion goes far to show that there is no such thing as getting acclimated so that malaria will lose any of its power. Indeed, my observation would rather incline me to the opinion that one is never so well fitted to resist the miasmatic poison as when first exposed to it; the longer he lives in the tainted air, the more his system gets impregnated with it, and the more readily he succumbs to a fresh exposure.

Thus deprived of a large portion of the valuable labors of Dr. Holt, with my hospital steward all the time on the sick list, and my ward master and apothecary at Baton Rouge, and with my sick scattered over three or four miles in two hospitals and in camp, I will not pretend that I did justice to the hundreds of cases that daily looked to me for diet and medicine for the restoration of health. I have no doubt that some of the poor fellows might have much sooner recovered, and others perhaps have now been alive who are sleeping their last sleep in the swamp that vanquished them, had the demands upon my exertions been more nearly proportioned to the utmost of my ability to answer. As it is, I can only say I did my duty as nearly as I could, and may a merciful God spare me from ever again seeing stalwart manhood, the pride and hope of the nation, so rapidly and utterly destroyed, without an opportunity to strike one blow for that Union for which they were all willing to die.

Very respectfully, your most obliged servant,

S. K. TOWLE,

*Surgeon 30th Regt. Mass. Volunteers.*

Aug. 19th.—P. S.—As I was yesterday a few minutes too late for the mail, I will add a word to-day. Our wounded are all at New Orleans, so I cannot write of their progress. I learn that Quarter-master Tenney has sailed for Boston. Some pieces of bone, and a bit of cloth that somehow escaped my search, had been discharged, but the wound was doing well. Lieut. How left only two days since for New Orleans. He has got on finely in gaining strength. When he was brought in, he was so weak, from loss of blood, that I think amputation would have been fatal. From the fact that the ball split, I hope and think his wound was made with a round ball, and if so, he stands considerable chance to save his leg. Amputation in his case would have to be very high up. Col. Dudley has been ordered to New Orleans, and it is expected that we all shall follow soon. Hard work in the trenches, and exposure at night, have prevented much gain in health since the battle.

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In a previous letter Dr. Towle wrote:—

“Dr. Holt was detailed the first of July to attend the 1500 ne-



goes on the cut-off, near Vicksburg, and was not relieved until we left (July 23d), so that he could assist me but little. In the mean time my sick list was constantly increasing, until, when we left, I had 197 in hospital and over 200 in quarters, which numbers have not been decreased since until now. The General Hospital at New Orleans I thought was hard, but it was not to be mentioned with the accursed 'De Soto Swamp' opposite Vicksburg, which almost destroyed this regiment. In fact, to-day we cannot turn out over 200 men capable of marching ten miles, and when we left here we had 750 or 800 A No. 1 men. For a fight here, we can muster, *perhaps*, 300 to 350. We had 260 in the fight. At least a hundred more can be counted on for a fight than for a parade.

"We have considerable scurvy in the Regiment—not as many fully developed cases, as scorbutic symptoms in connection with other difficulties. Anti-scorbutics are hard to be obtained, as we are almost in a state of siege. If vegetables are growing within ten miles, however, our fellows will get them now, as they are out on picket and scouting duty, and I charge them to appropriate every green thing eatable they find."

To the Surgeon-General.

WASHINGTON, Sept. 2, 1862.

DEAR SIR,—The majority of the gentlemen have just left for Fairfax, if they can get there, Alexandria at any rate. I am at the Cranch Hospital, which is in the E street Baptist Church. I was very much disappointed not to go with them, but Dr. Bowditch "put his foot down against it" on account of a very slight return of my old Ship Island trouble. I am very happy to know that I can be of service here. Wounded are continually being brought in; their wounds are dressed, and those who can be, are immediately sent to Philadelphia. We arrived here Monday evening in a pouring rain. Dr. Gay reported us; and in this connection let me say how much we are indebted to Dr. Gay for his efforts for our comfort from the time we left Boston to the present. He has been very busy, and has left nothing undone which he could possibly do for our convenience and comfort. I met Dr. Ellis yesterday; he has got to assist Dr. Brown. I had a few moments chat with Coale; he is at the Capitol. All kinds of rumors are afloat here; we have to wait for the New York papers before we get anything definite. There are hosts of surgeons here from Philadelphia and New York—more than they know what to do with, I am told.

Most truly yours,

ANSON P. HOOKER.

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MEDICAL MEN IN SCOTLAND.—On the authority of Dr. Dick, it is stated that there are 1560 medical men in Scotland, of whom probably not more than 300 are fellows of any Faculty. Of the 250 practising in Glasgow, not more than one half belong to either of the Faculties.—*Lancet*.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON: THURSDAY, SEPTEMBER 11, 1862.

LINT AS A DRESSING FOR WOUNDS.—Ever since the beginning of the war, busy hands have been actively employed in pulling or scraping lint. Every lady or child who could do nothing else, has felt that in pulling to pieces old linen, and laying the threads carefully in bundles or diligently scraping it into a soft mass, they were at least doing a little which would add to the comfort of some poor soldier. Little children have devoted themselves to this work, and in some of the schools, during the past week, the pupils have been taken from their books, that their nimble fingers might help on the general work which it was understood could not be too rapidly hurried forward. It has from the first been a mystery to us where all the lint went to, or what could be done with it. It certainly is an article which at the present day is very little used in ordinary surgery. The popular idea probably is, that it is needed either for "stopping" wounds immediately after they are received, or in some way, not known to the unprofessional mind, in their subsequent treatment. Lint and wounds are indissolubly associated in the popular mind; and it is not easy to account for this association except that it has come down from the barbarous days of surgery, when the object would almost seem to have been to do all that was possible to prevent the healing of a wound, by stuffing it with foreign substances or stimulating it by the most irritating ones. We have made repeated inquiries what the surgeons could be doing with the lint which has gone to Washington in such quantities. The most we could learn was, that in certain cases it was employed to keep the orifice of a wound open where it was inclined to close, to allow the free escape of pus. Some of our surgeons who have been in Virginia, on temporary service, could find no other use for it than to employ it as a packing, in certain cases, between a broken limb and a splint—a purpose for which cotton batting or unmanufactured cotton, or any other soft substance, would answer equally well. It is very certain that where it has been ignorantly employed by surgeons who ought to have known better, it has in numerous instances, since the war began, been productive of the most serious and even fatal results. We may mention, in this connection, that in the Massachusetts General Hospital not more than a pound of lint is used in a year. It is sometimes employed temporarily to plug a recent wound where there is danger of hæmorrhage, but rarely for any other purpose. Used in this way it may be of some value in military service, but then it should be carried in the soldier's pocket, where we imagine it has not as yet found a place; and even in this case a bit of sponge, with a string attached if the wound is deep, would be much better. We also learn, on the most reliable authority, that in a military hospital in Baltimore, containing a thousand patients, during the past six months hardly a particle of scraped lint has been used, and pulled lint never. We see that some one in the daily papers offers to make lint in large quantities by machinery, using even cotton cloth for the purpose. Nothing could be much worse than this. We would mention, incidentally, that on the memorable Sunday, August 31st, when the

Surgeon-General of the U. S. Army telegraphed that the supply of lint in the market was nearly exhausted, a manufacturer here had five tons of it on hand, and actually offered a thousand pounds of it to the government gratuitously on that day.

We were much impressed by the statements of Dr. Sayre of Bellevue Hospital, New York, which we republished in our Journal of the 28th ult., on the great superiority of oakum to lint in dressing suppurating wounds. Employed as he recommends it, it becomes a poultice rather than a pad, the loose texture of the oakum favoring the free escape and absorption of pus.

We would say, then, to our kind-hearted ladies, who are most anxious to be doing something in aid of the cause which all have so much at heart, and whose unwearied exertions, during the whole period of this war, have been beyond all praise, that they will be much more likely to do good by making up bandages and articles of clothing suitable for hospital inmates, than by scraping or pulling lint. As a plug to stop bleeding, cotton would serve a better purpose, and as a dressing, wet compresses of cotton or linen cloth, poultices in some cases, spongio-piline, &c. The cloth which is now being so rapidly destroyed would be vastly more useful in the form of bandages, or to be torn up by the surgeon for compresses. We are glad to present such authority for our views as is contained in the following notice just issued by the Medical Commission of this State:—

*"Medical Commission of Massachusetts.* The opinion of the members of this Board having been frequently asked as to the value and importance of lint in the treatment of surgical cases, they beg leave to say that they are satisfied that there are other means that in most cases would be more useful, and in all equally so. They refer to old linen and cotton compresses, wet or dry, and soft sponges, which would, in almost if not in every instance, be found to answer all purposes likely to be accomplished by the use of lint.

GEORGE HAYWARD, *Chairman.*

JOHN WARE,

S. D. TOWNSEND,

J. MASON WARREN,

S. CABOT, JR.,

R. M. HODGES.

*Boston, September 5, 1862.*

We would call the attention of the reader to Dr. Davis's Institution for the treatment of diseases of the joints, advertised in to-day's Journal. As stated in the advertisement, Dr. D.'s mode of treating these diseases has been made known to the profession, in some of the Medical Journals, and, we believe, has met the approbation of those best qualified to judge in the matter. We perceive, by a notice in the *American Medical Times*, that Dr. Cutter, from Massachusetts, gave a description of Dr. Davis's splints at the late meeting of British Medical Association.

**SURGEONS AND ASSISTANT-SURGEONS FOR THE OHIO REGIMENTS.**—The spirited and stirring words of Surgeon-General Weber in his address to the medical profession of the State, had the desired effect of inducing some two hundred and seventy-five physicians to appear before the Medical Board of Examiners in Columbus, August 5. From this number the Board, after an examination, recommended forty gentlemen for Surgeon and one hundred and sixty for Assistant-Surgeon. We know that no complaint can be made justly against the large ma-

majority of medical men who have been assigned to our State regiments. It is probable there will be another meeting of the Board to meet the demand for regiments yet to be raised. — *Cin. Lancet and Observer*.

**AMERICAN PHARMACEUTICAL ASSOCIATION.**—The tenth meeting of this association, which adjourned in 1860 in New York to meet in St. Louis in the following year, was postponed on account of the disturbed state of the country, and, at the suggestion of the Executive Committee and the consent of many members, was invited to meet in the city of Philadelphia at the present time. It accordingly met on the 27th ult. Although, as was to be expected under the circumstances, the attendance of members at large was smaller than usual, the standing officers and committees were fully represented, as were the several Colleges of the Atlantic cities by their delegates.

At the close of the third day the Association adjourned to meet again in September next, at the call of the President.

At the late Commencement of the Long Island College Hospital the following gentlemen were candidates for the Degree of Doctor of Medicine: 1. William A. Webster, of New Hampshire; 2. J. C. Morton, of New York; 3. Henry A. Heilner, of Pennsylvania; 4. Joseph McMonegal, of New Brunswick, B. N. A.; 5. O. R. Wilcox, of Albany; 6. Otis M. Humphrey, of Massachusetts; 7. William Richards, of Cuba; 8. Abram H. Hunt, of Ohio; 9. Louis V. Estelle, of France; 10. Asher A. Shiverick, of Massachusetts; 11. William W. Lamb, of Pennsylvania. — *American Medical Times*.

**THE PHYSICIAN'S VISITING LIST, DIARY, AND BOOK OF ENGAGEMENTS FOR 1863.**—This useful little publication of Messrs. Lindsay & Blakiston has just appeared. It contains an almanac, a list of poisons and their antidotes, a visiting list for 25 patients per week, and pages for memoranda of various kinds. — *Medical News*.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, SEPTEMBER 6th, 1862.  
DEATHS.

	Males.	Females.	Total
Deaths during the week, . . . . .	49	50	99
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	51.5	50.5	102.0
Average corrected to increased population, . . . . .	..	..	114.55
Deaths of persons above 90, . . . . .	..	1	1

#### Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Group.	Scar. Fev.	Pneumonia.	Varicella.	Dysentery.	Typ. Fev.	Diphtheria.
20	18	1	5	2	1	0	0	3

**PAMPHLETS RECEIVED.**—An Address on the Life and Character of the late Dr. Charles E. Isaacs, delivered at the Long Island College Hospital, Brooklyn, N. Y., by Joseph C. Hutchinson, M.D., Professor of Operative Surgery and Surgical Anatomy. — Dislocation of the Femur into the Ischiatic Notch, &c., by the same author.

**MARRIED.**—At Princeton, Me., on the 27th ult., by Rev. C. L. Nichols, Dr. C. Everett Dow to Miss Clara E. Spooner, of Princeton.

**DEATHS IN BOSTON** for the week ending Saturday noon, September 6th, 90. Males, 49—Females, 50.—Accidents, 5—apoplexy, 1—inflammation of the bowels, 2—congestion of the brain, 1—disease of the brain, 1—cancer (of the breast), 1—cholera infantum, 18—consumption, 20—convulsions, 2—croup, 1—debility, 2—diarrhoea, 2—diphtheria, 3—dropsy, 2—dropsy of the brain, 5—erysipelas, 2—scarlet fever, 5—disease of the heart, 2—infantile disease, 3—disease of the kidneys, 1—disease of the lungs, 1—inflammation of the lungs, 2—marasmus, 1—old age, 2—paralysis, 2—pleurisy, 1—premature birth, 2—puerperal disease, 1—smallpox, 1—disease of the spine, 1—thrush, 1—ulcers (of the stomach), 1—unknown, 4.

Under 5 years of age, 49—between 5 and 20 years, 7—between 20 and 40 years, 23—between 40 and 60 years, 9—above 60 years, 11. Born in the United States, 71—Ireland, 24—other places, 4.

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CHAPTER II.—ON THE ARTERIES—Wounds of Arteries, Ligature of Arteries, Arteries of the Upper Extremities, Arteries of the Neck and Head, Arteries of the Lower Extremities.  
CHAPTER III.—ON THE VEINS—Wounds, Varicose Veins.  
CHAPTER IV.—ON AMPUTATIONS—Amputations in general, Amputation of the Upper Extremities, Amputation of the Lower Extremities.  
CHAPTER V.—ON RESECTIONS—Resections in general, Resections of the Upper Extremities, Resections of the Lower Extremities, Resections of the Trunk, Resections of the Bones of the Face, Resections of the Bones of the Cranium.  
CHAPTER VI.—ON GUNSHOT WOUNDS—Gunshot Wounds in general, Gunshot Wounds in Special Regions of the Body, Gunshot Wounds of the Extremities, Amputations, Secondary Hemorrhage.

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By P. HENRY CHAVASSE, M.D.

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July 3—64.

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**BOYLSTON MEDICAL PRIZE QUESTIONS**—The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians:

EDW. REYNOLDS, M.D.	J. MASON WARREN, M.D.
JOHN JEFFRIES, M.D.	D. H. STORER, M.D.
S. D. TOWNSEND, M.D.	CHAS. G. PUTNAM, M.D.
J. B. S. JACKSON, M.D.	MORRILL WYMAN, M.D.
HENRY J. BIGELOW, M.D.	

At the annual meeting of the Committee on Wednesday, Aug. 6th, a premium of Sixty Dollars, or a Gold Medal of that value, was awarded to **FRANCIS MINOT, M.D.**, of Boston, for the best dissertation on the question:

*On Nausea and Vomiting, as symptoms, under what circumstances do they occur, and what indications do they afford as to the seat and character of disease?*

- The following are proposed for 1863:
1. On *Trepthing the Skull for Injury or Disease.*
  2. On *Leucocythemia.*

Dissertations on these subjects must be transmitted, post paid, to Edward Reynolds, M.D., on or before the *First Wednesday of April, 1863.*

The author of the best dissertation considered worthy of a prize on either of the subjects proposed for 1863, will be entitled to a premium of *Ninety Dollars*, or a Gold Medal of that value.

- The following questions are proposed for 1864:
1. On the *Treatment of Fractures without Splints.*
  1. The *Remittent Fever now prevailing in the U. States Army.*

Dissertations on these subjects must be transmitted as above, on or before the *First Wednesday in April, 1864.*

The author of the best dissertation considered worthy of a Prize for 1864, will be entitled to a premium of *Ninety Dollars*, or a Gold Medal of that value.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within which, shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

The writer of each dissertation is expected to transmit his communication to the Chairman of the Committee, in a legible hand-writing, within the time specified.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

By an order adopted in 1856, the Secretary was directed to publish annually the following votes:

- 1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which premiums may be adjudged.
- 2d. That in case of publication of a successful Dissertation, the author be considered as bound to print the above vote in connection therewith.

J. MASON WARREN, Sec'y.

Publishers of Newspapers throughout the country are respectfully requested to notice the above.  
Aug. 11-20-63



Send for a Circular.

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The next Annual Course of Lectures will commence on Monday, October 20, 1862, and will terminate in the early part of March, 1863.

## Faculty.

**HORACE GREEN, M.D., LL.D.**, Emeritus Prof. of Theory and Practice of Medicine.

**JOHN M. CARNOCHAN, M.D.**, Prof. of Clinical and Operative Surgery.

**B. I. RAPHAEL, M.D.**, Prof. of the Principles and Practice of Surgery.

**CHARLES A. BUDD, M.D.**, Prof. of the Theory and Practice of Midwifery.

**A. JACOBI, M.D.**, Prof. of Infantile Pathology and Therapeutics.

**E. NOEGGERATH, M.D.**, Prof. of Clinical Midwifery and Diseases of Women.

**J. V. C. SMITH, M.D.**, Prof. of Anatomy.

**WM. F. HOLCOMB, M.D.**, Prof. of Ophthalmic and Aural Surgery.

**SAMUEL R. PERCY, M.D.**, Prof. of Materia Medica and Therapeutics.

**HENRY G. COX, M.D.**, Prof. of Theory and Practice and Clinical Medicine.

**CHARLES A. SEELY, Prof.** of Chemistry and Toxicology.

**HON. JOHN H. ANTHON, A.M.**, Prof. of Medical Jurisprudence.

**Prof. of Physiology and Microscopic Anatomy.**

**JAMES E. STEELE, M.D.**, Demonstrator of Anatomy and Curator of the Museum.

**GEORGE WOOD JEWETT, M.D.**, Assistant to the Prof. of Midwifery.

**WM. BALMER, M.D.**, Assistant to the Prof. of Infantile Pathology.

**F. S. SEABEAD, Janitor.**

A preliminary term will commence on Monday, Sept. 15th, and continue until the Regular term begins. This course will be open to those students who intend taking a full winter Course, and will be as follows:—

- On *Amputations*, by Prof. CARNOCHAN.
- " *Gun-shot Wounds*, by Prof. RAPHAEL.
- " *Frequency*, by Prof. BUDD.
- " *Anatomy and Physiology of the New Born*, by Prof. JACOBI.
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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY  
SAMUEL L. ABBOT, M.D.

**Whole No. 1803.] Thursday, Sept. 18, 1862. [Vol. LXVII. No. 7.**

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## HARVARD UNIVERSITY. MASSACHUSETTS MEDICAL COLLEGE.

The annual course of Medical Lectures of Harvard University will commence at the Massachusetts Medical College, in North Grove st., Boston, on the first Wednesday of November, 1862. The regular course will be as follows:—

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Aug. 7-21-3teow

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Jan. 9-15

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Dinner, Lady Webster's,	3	Valerianate of Quinine,	1
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Compound Rhubarb,	3	Extract of Gentian,	2
Compound Colocynth,	3	Iodide of Potassium,	2
Compound Squills,	4	Calcined Magnesia,	2
Dover Powders,	3	Rhubarb,	2
Carbonate Iron, Vallet's formula.		Ergot Powder, covered with sugar	
Carbonate of Manganese and Iron.		as soon as pulverized,	2
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Lupuline,	gr. ½	Extract Rad. Aconite,	gr. ½
Extract Nux Vomica,	½	Emetine,	½
Veratrine,	1-24	Iodide Mercury,	½
Sulphate of Morphine,	1-8	Valerianate Morphine,	1-8
Corrosive Sublimate,	1-12	Acetate Morphine,	1-8
Nitrate of Silver,	½	Digitaline,	1-24
Extract of Hyosciamus,	½	Strychnine,	1-12
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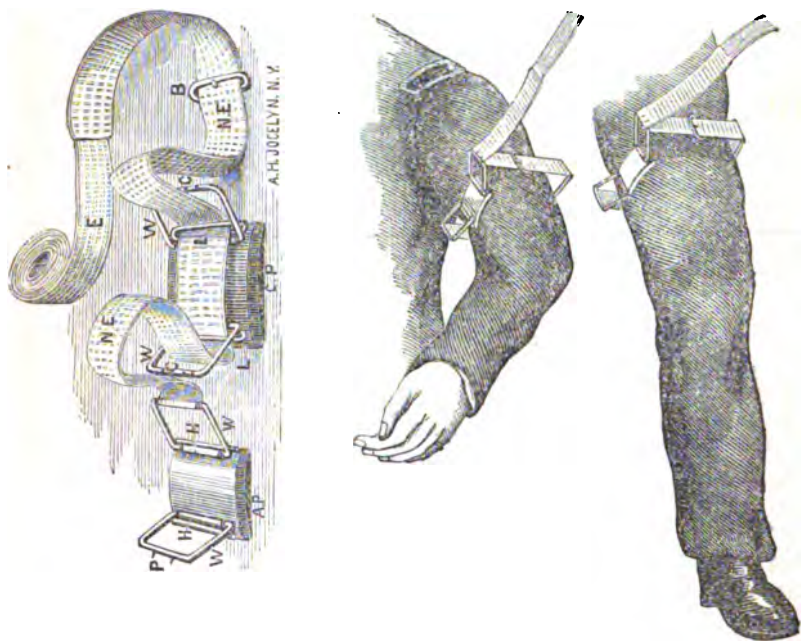
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## THE

# BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. LXVII. THURSDAY, SEPTEMBER 18, 1862.

No. 7.

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### INJURY OF THE ARM COMMON TO CHILDREN OF ONE TO THREE OR FOUR YEARS OF AGE.

By R. M. HODGES, M.D., Boston.

[Communicated for the Boston Medical and Surgical Journal.]

FEB. 2d, 1862. A nurse, holding the hand of a little girl twenty-eight months old, in a moment of impatience gave it a sudden twitch. The child immediately cried out, would not allow herself to be touched, and held her arm motionless. Her mother, however, placed it in a sling, and three hours after the accident the limb was found in the following condition, viz., bent at an obtuse angle and resting against the body, the fore-arm much pronated. There was no apparent swelling or deformity, but the slightest motion was extremely painful, and the little patient was unable or unwilling to hold anything in her hand. On manipulating the limb there seemed to be some impediment in its natural movements, and in attempts to produce certain of these a feeling suggesting crepitus was detected, but before either the seat of this, or the actual diminution of mobility could be determined by examination, the abnormal condition of things vanished, the child ceased to cry, took her playthings in her hand, and the limb was evidently once more in its natural condition.

Feb. 7th, 1862. A little girl, thirty months old, fell whilst walking across the parlor floor, her mother holding her by the hand. When seen, her limb presented a condition precisely analogous to that described in the preceding case—there was the same pronated and semi-flexed position, the child was unwilling to use it and cried the moment it was touched. Before I could ascertain what the exact injury was, manipulation had produced the obscure crepitus, or something which seemed like it, the pain and immobility instantly disappeared, the child readily took its playthings, and with the exception of a little fright was herself again.

These two cases occurred in the course of the same week, and were the first and only ones of the kind which had ever fallen under my observation. I had considered them both as instances of incomplete dislocation of the head of the radius forward. This accident,

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or, at all events, this phase of it, is not described in the common works on surgery, although a thesis in French, one or two articles in journals, and a description by two or three French writers may be found, in all of which it has been looked upon as some form of dislocation of the upper extremity of the radius. M. Goyrand, of Aix, however, who has written several articles on the subject, takes an entirely different view of the matter. In a paper recently presented to the Surgical Society of Paris (*L'Union Médicale*, Nov. 23, 1861), and which has fallen under my notice since the occurrence of the two cases above described, he sums up the symptoms of this accident so accurately that I venture to quote his description, believing that, in the absence of any readily accessible account of the injury, its recapitulation, with an abstract of some of his remarks, will not be altogether amiss.

---

A child, from one to three or four years of age, is saved from a threatened fall by being suddenly caught by the wrist, or it is lifted over a gutter, or made to step up by a violent pull of the pronated hand. At the moment of the strain, the person holding the hand notices a slight snap or shock. The child cries out and continues to complain; the limb hangs motionless by the side, a little in front, with the elbow partly bent and the hand pronated. Any attempt to supinate the hand increases the cries, the rotation outwards is brought up by a mechanical obstacle, and if this is not overcome, as soon as the hand is let go it returns to its pronated position. This symptom is pathognomonic. If the resistance is overcome, a snap is heard or a slight jar is felt, pain ceases, motion is restored and no trace of the accident remains. If nothing is done by the surgeon, after a certain period which varies from a few hours to several days, the limb spontaneously resumes its natural condition, ordinarily during sleep. If any length of time elapses prior to the reduction, either by the surgeon or by the efforts of nature, the hand becomes adducted, and there appears on the dorsal surface of the wrist and the neighboring parts of the forearm a painful swelling similar to that accompanying fractures, dislocations or sprains.

M. Goyrand had always considered the lesion in these cases as a partial dislocation of the radius at the elbow, but so slight as to give no appreciable deformity of the articulation. In 1857, a case occurred which revealed to him what he now conceives to be the true nature of the injury, viz., a displacement of the inter-articular fibro-cartilage of the wrist in front of the carpal extremity of the ulna. In complete pronation, the inferior articulating surface of the head of the ulna is exposed behind the corresponding border of the fibro-cartilage by more than three quarters the thickness of the bone, and hence, in a forced rotation of the radius in the direction of pronation, it is conceivable that the fibro-cartilage may easily be carried in front of the head of the ulna. This displacement occurs only in childhood, as it can only be produced by great violence; in

adults, forced pronation is prevented by antagonistic muscles brought into action as soon as pronation becomes painful. This cannot be done by a child. The varying size of the head of the ulna explains why some children, exposed to a cause capable of producing this displacement of the fibro-cartilage, escape the accident.

The following cases are submitted in justification of this diagnosis, and as illustrating the symptoms developed by the accident.

Obs. I. Mary J., one year old, just beginning to walk. July 6, 1861, whilst walking, being held by the right hand, her brother, seven or eight years old, fell heavily against her. The nurse, squeezing its hand, pulled the child quickly towards her, and in doing so felt something "give way" in the little arm. The child immediately began to cry; the limb was held motionless, resting against the body, carried a little in front, and with the fore-arm pronated. No deformity about the wrist or elbow. Motion or pressure about the elbow causes no pain, but pressure on the back of the wrist makes the child cry out. On supinating the hand, the movement was felt to bring up against some resistance, the child cried louder, and the hand when released assumed its previous pronated position.

The arm being held by the mother, M. Goyrand seized the hand in his right, with the thumb on the lower end of the radius and the fore-finger on the head of the ulna; with his left hand he gently supinated that of the child. Before supination was completely effected, the finger resting on the end of the ulna felt a slight shock; instantly the resistance to supination was overcome and reduction accomplished.

Two minutes afterwards the child took in its injured hand a bracelet held out to it by its mother. The mobility was completely regained, and all uneasiness and pain gone.

Obs. II. Margaret D., thirty-five months old, held by the left hand, made a false step, and from the sudden jerk which the hand in a state of pronation received there resulted the injury which M. Goyrand makes the subject of his paper. One of his pupils, a physician in the town where the child's parents reside, being called to the case immediately on its occurrence, recognized the injury and supposed that he had reduced it. The symptoms of the displacement did not, however, disappear, for on the following day the limb was immovable and in a pronated position. M. Goyrand saw the child fifty hours after the accident and noted the following symptoms, viz., those which are mentioned in the previous observation, and in addition, on the dorsal surface of the wrist, a swelling extending to the neighboring parts of the fore-arm and hand; this was extremely tender to the touch, especially at a point corresponding to the articular interspace of the wrist. There was a slight inclination of the hand to the ulnar side of the limb. In reducing the displacement, the finger which rested on the carpal extremity of the ulna felt, distinctly, when the hand was brought into supination, a crepitus precisely like that in a case of fracture. Before supination was completely produced the sensation ceased, opposition to supination was

overcome and the reduction was accomplished. Thirty-six hours afterwards no traces of the accident remained.

In both these children the displacement happened again in the same arm. In other cases which have been noticed, the two limbs have been successively the subject of the accident, one after the other.

In the discussion which ensued upon the presentation of this paper, it appears that MM. Guersent, Marjolin, Giraldes and Velpeau were at a loss to accept M. Goyrand's explanation. M. Guersent believed that the cases in question comprised a variety of lesions with certain identical symptoms. M. Marjolin thought that in many of these cases he had seen a deformity about the elbow. MM. Giraldes and Velpeau thought that a dislocation of the fibro-cartilage could not take place without a lesion of the serous membrane of the articular cavity, after which consecutive symptoms should be developed, no matter how simple the reduction might be. Are we then to accept this explanation of the phenomena presented by this injury?

Although M. Goyrand fortifies his opinion by the results of experiments on the dead subject, he admits that the fibro-cartilage will not remain displaced unless the hand is held up and in forced supination. In two attempts which I have made upon very young subjects, I have not been able to produce this dislocation, nor when the joint was opened have I been able to force the fibro-cartilage into the position which M. Goyrand assumes that it takes, without tearing it from its attachments. Any one who will examine for himself the very limited range of displacement of which this cartilage is capable, except by the use of violence which must determine more marked symptoms than ever follow this accident, will be convinced of the error of M. Goyrand's views. Although no two writers agree upon the precise nature of the injury, all of them, with the exception of M. Goyrand, locate it at the elbow. This diversity of opinion is accounted for by the fact, that before its seat can well be ascertained the symptoms disappear with the very first exploratory manipulations. It would seem, from the weight of testimony and from my own experience, that without attempting to account for this somewhat peculiar, and, as I judge, not unfrequent accident, by any ingenious theory or complicated displacement, a satisfactory explanation of its pathology is to be found in the partial luxation of the head of the radius, which, either in one direction or another, is accepted as its rationale by Duverney, Bouley, Monteggia, Martin, and Fougereau d'Etampes. This view finds support in the position assumed by the arm, and the manner in which the symptoms of the injury disappear. Rotation and flexion (which, of course, if carried through the whole range, implies extension) are the first motions which every surgeon gives to an arm when he examines it for a suspected fracture or dislocation; and in a child, where this bone was but partially out of place, might well be adequate to the reduction, even when practised gently and but a single time. An adult would perhaps unwittingly

or of his own accord reduce a dislocation of this slight degree, when in a child, from pain and fear, it might remain persistent till surgical aid arrives. In the absence of this, we are told that in the course of time spontaneous cure is effected. Would this occur if there were so serious a displacement as that of the interarticular fibro-cartilage of the wrist? It appears then that the following opinions present themselves.

1st. That of M. Guersent, who conceives that the cases in question comprise a variety of lesions with certain identical symptoms. 2d. That of a number of writers, who attribute the symptoms to a partial dislocation of the head of the radius in one direction or another. 3d. That of M. Goyrand, which has been detailed at length.

The cases present too striking a similarity to admit of the acceptance of the first of these, and of the third we have already given our opinion.

The second, therefore, seems to merit the most favorable verdict, and the latitude which it permits is, in the present state of our knowledge, no more perhaps than it is discretionary to allow.

Since writing the above, a third case has fallen under my notice. A child ten months old was brought to the dispensary, June 24th, 1862, with her hand in a sling, having received an injury to the elbow the afternoon previous, by being lifted up with a jerk by the wrists whilst lying on its back, in which position its grandmother had been putting on a diaper. The symptoms of injury, to wit, crying and inability to use the arm, ensued at once. On examination the following morning, the characteristic position, semi-flexion and pronation, and pain on motion, with the absence of deformity or swelling, led me to suspect the nature of the accident, and I was able to satisfy myself that the seat of injury was not at the wrist. The opposition to rotation was evidently at the elbow, and a single sensation of crepitus was felt at this point, but on manipulating to detect, if possible, the condition of the parts, the resistance to supination was unexpectedly overcome and the normal state of things assumed, before I had ascertained what the precise derangement was which stood in the way of free motion. The experience of this case confirms me in my opinion of the erroneousness of M. Goyrand's views, at least in their general application.

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#### ON CATARACT.—No. II.

[Continued from page 93.]

To explain how it is that large pieces of the lens remaining in the eye after extraction may easily interfere with or prevent success, we must go back a little.

What is the state of things in an eye just after the lens has been entirely removed and extraction correctly performed? What changes have taken place? Two substances of considerable volume

have passed out of the eye, or rather, been pressed out, the aqueous and the lens. Estimating the average depth of the anterior chamber at 1 line and its breadth at  $5\frac{1}{2}$ , the axis (of the lens) at  $1\frac{1}{2}$  lines and its equatorial diameter at 4 lines, and bearing in mind the shape of the spaces excavated, we can approximately estimate the loss of contents which the ball has undergone. It is relatively large and amounts to about the ninth or tenth part of the contents of the eye.

As soon as the aqueous has been pressed out of the eye, we see the pupil very much contracted, and the iris lying close on to the cornea and the lens close on to the iris. In general no air passes in to take the place of the aqueous, and the cornea is not pressed in by the atmospheric pressure, and not even perceptibly flattened. Nor does this in general take place when the lens is pressed out either spontaneously or by the operator.\* The iris and vitreous come to occupy the place of the lens.

It is certain that a portion of the loss of contents of the ball is made up by an increased amount of blood in the iris, choroid and retina. But by far the greater portion must be otherwise accounted for. The vitreous cannot expand; consequently the cornea and sclerotic must contract upon themselves or be pressed together. The elastic cushion of fat which surrounds the ball posteriorly might indeed press the sclerotic a little towards the centre of the eye; but whether it really does so, can hardly be shown. \* \* \*

\* \* \* The most probable theory is that the ball, somewhat compressed laterally by the muscles (recti-obliqui and orbicularis palpebrarum), becomes smaller in equatorial diameter. What has led Arlt to this view is the fact, that since he has had most of his patients lie down during the operation, the so-called collapse of the cornea has been very much more frequent, and the flowing-out of the vitreous extremely seldom. This naturally agrees with the view he has proposed, that the ball derives that degree of tension which it in normal condition presents to the finger, not so much from its being filled to the maximum with fluids, as rather from the tension and tone of the muscles which surround it on the outside, and of the ciliary muscle which keeps the line of union between cornea and sclerotic drawn inwards.

When the patients lie down during the operation, all the muscles seem to be in a lower degree of tension; the lens is then seldom pressed out of the eye spontaneously, that is, by increased tension of the muscles of the eye; it must almost always be helped out by the following method. The fingers of the operator exert a certain pressure on the ball, according to circumstances, at one time through the lower lid, then through the upper or through both at once. \* \* \* \* If now the iris and posterior capsule, after removing in a proper manner the whole of the lens, are pushed forward by the vitreous, then three layers lie somewhat concentric together; name-

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\* Note in the original.—“These remarks apply strictly only when the patient sits at the operation.”



ly, the cornea, iris, and posterior capsule. Between the two latter towards the periphery lie the torn edges of the divided anterior capsule. In the attempts at seeing, the rays pass through the cornea, posterior capsule, and vitreous. If remnants of lens or of anterior capsule remain in the region of the pupil, they interfere with vision, partly by keeping out a portion of the light and partly by scattering a portion.

If remnants of the lens lie between the anterior and posterior capsule behind the iris, we can recognize the fact in two ways; first, by examining the size and form of the lens removed from the eye; with some practice we can recognize if larger pieces have peeled off. Especial regard must be had to the equatorial diameter and to the edge of the lens. But if the lens is very soft and has not come out whole, but in pieces, then this means of judging fails. Secondly, we examine the edges of the corneal incision to see if they are everywhere well applied to each other; if they are not so, it may be owing to large remnants of lens left in the eye, but also to other causes; we must be able to exclude the existence of the latter, to infer the presence of the former.

A bad corneal incision, especially a sawing one, would probably be unfavorable to the apposition of the edges. If the incision is made too extensive, in the conjunctiva, then a portion of the latter may fall between the edges of the wound (in which case it should be excised); or the peripheral portion of the iris falls forward into it and cannot be replaced, and must without hesitation be excised. (A small portion of the pupillary margin is brought forward and removed.)

Prolapses of the iris which are not occasioned in this way, may be replaced by gently stroking the upper lid and then suddenly opening the eye, or by lightly stroking with the curette. For the most part, however, it is only necessary to make trial of vision, the light causing the sphincter to contract and the prolapsed iris to recede.

The apposition of the edges of the incision may also be prevented by an eyelash accidentally getting between them, or by a clot of blood. Oftener it is a small particle of the lens which has remained in the wound.

When the above causes do not exist, and yet the wound does not close well, it may be inferred that remnants of the lens press forward the iris and cornea.

That a particular situation of the under lid with respect to the globe could prevent the apposition of the flap, seems to Arlt not at all demonstrated, although this circumstance has been cited in favor of the upper section as if it were a matter of course. The under lid may lift the flap, if the latter from other causes is not well apposed; otherwise, not.

If large pieces of the lens lie between the anterior and posterior capsule behind the iris, opposite the corneal flap, they are very likely to press forward the iris and also the corneal flap, as they

meet with less resistance in front than behind where the vitreous arches the posterior capsule forward. Then we must lay the index finger on the under lid, and partly by pressure through the lid and partly by stroking upwards, endeavor to bring the piece of lens into the pupil and get it within reach of the curette, or a piece of the iris (sphincter) must be excised. And yet the flap may be in perfect apposition, although remnants of considerable size remain in the fold between the anterior and posterior capsule. Sometimes, notwithstanding great care and attention to this matter, we have, after removing the bandage, been convinced that far more of the lens remained than we had suspected, and that even in cases in which the whole was thought to have been removed, very considerable pieces were left, sometimes occasioning disagreeable consequences (prolapsus iridis and iritis), and even loss of the eye (irido-chorioiditis). To this class belong many cases in which the cataracts were not perfectly ripe when operated on; not, however, from failure to recognize this fact, but from being urged to operate by other circumstances. As excuse for operating in such cases, it must be mentioned, that we find that a pretty large number result successfully, or at least, not unsuccessfully, even when the cataracts are unripe, and when considerable remnants (of ripe or unripe) are left behind in the eye; and by the above, it was not intended to say that every extraction performed before complete ripeness of the cataract must necessarily turn out badly, but only that one of the most frequent causes of an unsuccessful or a less favorable result than was hoped for, is owing to leaving behind in the eye pieces of lens of considerable size.

If the edges are well in apposition the union takes place in a short time. It is very probable that, after ten or twelve hours, the aqueous is again restored and remains so. At first, a few hours after the operation, the union is still so weak that, from time to time, some of the aqueous flows off. Subsequently this ceases (in normal cases); but if it continues, it is not without injury, or, at least, danger.

The bursting open of the wound at a time when the union ought to be firm, may be owing to various causes. Among them, one that has been too little considered is the pressure of remnants of the lens.

It is well known that when, after opening the anterior capsule, the fibres of the lens are brought into direct contact with the aqueous, they then become cloudy and subsequently swell out, finally become fluid, and are absorbed. Transparent fibres seem capable of much greater swelling after opening the capsule, than those which were already cloudy and swollen before contact with the aqueous. After the operation of discision, which consists merely in puncturing the cornea with a very fine needle, and making one or more incisions in the anterior capsule, we sometimes see, after a few days, and after the lens has become swollen, extremely dangerous symptoms—for instance, much redness about the cornea, chemosis of the

conjunctiva of the globe, hemicrania, and even vomiting, &c. Now-a-days it is known that these symptoms are owing to increased intraocular pressure arising from the swelling of the lens, and that they can be controlled, if at all, not by bleeding, cold lotions, mercurials, &c., but only by atropine, letting off the aqueous, iridectomy or linear extraction, together with or without iridectomy. They can best be avoided by making only a small opening in the capsule, and by taking care not to break in pieces the lens itself as was formerly advised. In this way we best prevent the too sudden swelling of the lens. If we apply to the case of extraction what is observed in discision, we can anticipate what may take place if portions of the lens of considerable size remain, with the large opening in the capsule, and supposing the aqueous to continue restored. Clinical observation has furnished facts which accord with this supposition, or rather, which find their explanation in the theory obtained by observing the operation of discision.

[To be continued.]

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#### HOSPITAL REPORT.—THE SACCHARINE TREATMENT OF DIABETES MELLITUS.

By JOHN HUGHES, M.D., SENIOR PHYSICIAN TO THE MATER MISERICORDIÆ HOSPITAL.

THE saccharine plan of treating diabetes originated, I believe, in France, and so far back as 1845. Bouchardat gave saccharine fruits in diabetes, and bread made from gluten. Andral and Piorry tried a similar treatment, with some success. And the practice has been recently adopted in England, by Dr. Budd, of Bristol, who has published some cases (two, I think) in which he says the most marked amendment followed the use of sugar. Others have also recorded cases; but they do not exhibit so favorable a result as those of Dr. Budd. It would appear, however, that some practitioners who tried this plan have found it beneficial. Their patients grew fat upon it; and even this effect, in a disease where wasting is so prominent a symptom, is a very desirable result. They say, besides, that the practice is not an irrational one; for Bernard has shown that sugar taken into the stomach, in its passage through the liver, is converted into an emulsive substance, which tends to fatten patients; and he has also proved experimentally, and Andral and others practically, that sugar is secreted and found in the circulation in diabetes, whether the individual be fed upon nitrogenous or amylaceous substances: consequently our old-established plan of dietetics in this disease, with all its restrictions, is useless.

Dr. Budd, one of its earliest advocates in England, says he gives sugar in diabetes on the principle of supplying to the system the particular element which is running to waste, and the loss of which appears to be the principal cause of the damage sustained by the constitution as the disease advances. On all these grounds, then, it

has been considered that the saccharine treatment of diabetes is worthy of a trial.

Amongst the many theories propounded concerning this intractable disease, modern researches incline to the opinion that the liver is the organ in fault—an idea long since entertained by Dr. Prout. Experiments by Bernard and Pavey tend to show that there is always present in the liver, located in the hepatic cells in considerable abundance, a substance which one calls the "glucogenic matter" of the liver, the other "hepatine;" that this substance is, with great facility, by a process allied to fermentation, converted into sugar; but that it seems to have the power, whilst located in the tissues of the living and healthy liver, to resist the transformation. In certain unnatural conditions, however, as well as after death, this power is at an end, and the blood becomes surcharged with saccharine principle.

If this be true, it would appear that the diabetic condition depends upon some functional derangement of the liver, which converts alimentary substances into this glucogenic matter in greater abundance than natural, and allows it to mix with the blood in large quantity, when it immediately becomes converted into sugar, and as such passes off with the urine.

I am not sure, even assuming all this to be correct, whether we are in a better position to decide upon the exact nature of this disease. Probably, however, it is to physiology we shall have to look, in the end, for a solution of this difficult question; for pathology is strangely barren of results in this disease; so much so that it is doubtful whether the presence of sugar in the system either necessarily depends upon, or produces, visible organic lesion of any particular organ. When organic diseases do exist, they are looked upon as merely concurrent affections.

However, it is not my intention to discuss the nature of diabetes mellitus; I merely wish to give a brief account of how this saccharine plan of treatment turned out in my hands, after a trial of more than four months.

Four cases of diabetes mellitus came under my care in hospital, almost simultaneously.

The first was a man named Thomas Ryan, aged 37, who had been diabetic for 13 months before admission, and had been under treatment for his disease during the greater part of that time. On admission he was voiding, daily, eight pints of urine, specific gravity 1049, and containing 22 grains of sugar in each ounce. He complained of great thirst, languor, and debility; the skin and mucous membrane were dry; the bowels confined; and all the usual symptoms of diabetes were present.

I treated this man with Dover's powder and the vapor bath, for a fortnight, when he left the hospital relieved in respect to the condition of the skin and mucous membrane; his thirst was abated, and the skin was somewhat moist; the quantity of urine varied with

the amount of fluid drunk, but its condition was unaltered. He thought he was growing weak, and wished to go home. He told me his father had a complaint similar to his own.

This man returned on the 18th January, and was then voiding 10 pints of urine daily, of a specific gravity 1041, 24 grains of sugar in each ounce. He said he drank a large quantity of beer, one day, at home, and was not as well since. I now determined to put him on the saccharine treatment, and ordered him six ounces of barley sugar daily; diet of fresh meat, with green vegetables and bread; also a moderate quantity of lime-water and milk. He continued this plan steadily for three weeks; and at the end of that period his condition was, to a certain extent, improved. The quantity of urine passed was seven pints, the specific gravity 1041; each ounce contained 24 grains of sugar; and he had gained two pounds in weight. The skin was somewhat moist, thirst abated. He was again anxious to return home, and left the hospital.

The second case was a man, aged 40; but as he was not in hospital more than a week, and was treated with sudorifics (Dover's powder) alone, and almost an exclusively animal diet—I will only refer to his case. In fact, he would not submit to the abstinence from fluids, and the variety of food which I enjoined. He left without any apparent change. There was one fact connected with him of interest—he told us his father had the same ailment he was laboring under, and died of it.

The next patient was a man aged 32 (John O'Neill), who suffered from the complaint for 18 months before admission. On the 3d January he was voiding 15 pints of urine, of a specific gravity 1043, 18 grains of sugar to the ounce. He was very thin, and had all the symptoms of diabetes in an aggravated form. He was treated with sugar and a mixed diet, like the former patient; and at the end of six weeks his urine was reduced in quantity to six pints—the specific gravity remaining the same. All the other symptoms were greatly relieved, and he felt himself much better and stronger; in fact so well that he was anxious to go and resume his former employment (that of a shopman). Yet, on weighing him, we found he had lost four pounds in weight since his admission, and his urine contained 22 grains of sugar to the ounce. We heard that he has since died of phthisis.

The last and most interesting case is that of Henry M'Nee. He was a married man, 30 years of age; tall, well-proportioned, and of a very athletic frame. He was always temperate; had no hereditary predisposition to the disease, and attributes his illness to profuse perspirations and alternate chills while working as a railway laborer. Five years ago, when employed in England, he first noticed his disease, and was treated for it at the Manchester Infirmary. After four months stay in that institution, he left at his own request, relieved sufficiently to resume his work, at which he continued for 11 months before admission. At that time he noticed the

aggravation of his disorder, which set in with great thirst, increased flow of urine, general weakness, and rapid loss of flesh.

On admission, all these symptoms had attained a great intensity. He said he was only the skeleton of his former self; for, when in health, he weighed more than 14 stone, and now he did not reach 12; which surprised him, when he could eat so much—four times his ordinary quantity—and he did not feel sick, only very weak. He was voiding 10 quarts of urine in 24 hours, of specific gravity 1049, and was obliged to empty the bladder every hour. He drinks about the same quantity of fluids within the same time. His urine has an acid reaction, is free from albumen, and each ounce contains 24 grains of sugar. As an evidence of his broken down health we found a large, chronic, indolent ulcer over the right external ankle.

I was determined to give the saccharine treatment an uncomplicated trial in this case; and, after an aperient, I put the patient on six ounces of sugar, daily, together with four ounces of treacle; bread, meat and green vegetables for diet; lime-water and milk for drink—with an injunction to limit the amount as much as possible.

At the end of a month he was somewhat improved. He had gained two pounds in weight; his thirst and appetite were diminished; the quantity of urine passed in 24 hours was reduced from 10 to 7 quarts; the specific gravity ranged from 1043 to 1045—26 grains of sugar to the ounce.

During the next month he had two attacks of sudden and violent sickness of stomach, accompanied with constant vomiting and cramps in the abdomen and legs. He complained, for a few days, of great nausea, and felt as if saturated with sugar; everything, he said, tasted sweet. He was, at the same time, weak. The urine was of a specific gravity of 1044—not lessened in quantity. The ulcer of leg was healed. The sugar treatment was discontinued.

After the lapse of a few days the sugar was again resumed; and his condition, at the end of another month, was as follows:—His weight, 12 stone 11 lb.; consequently he had gained nine pounds since last report. His urine is reduced to three quarts in 24 hours; and he is not disturbed more than once or twice to pass it during the night. His skin is moist; his bowels are regular; he has gained strength, for he is able to work at the force-pump of the hospital for an hour without resting. The specific gravity of the urine is 1035–9, but it contains a *greater amount* of sugar than before. According to Garrod's glucometer each ounce contains 40 grains of sugar. His appetite and thirst have decreased; the ulcer of the leg has broken out again.

After four months stay, he left the hospital in the month of May, and obtained employment as a porter, which obliged him to carry considerable weights; he remained at this work for six months, during which time I saw him occasionally; but at the end of that

period he was completely prostrate, and sought relief in another hospital. As the sequel of his case has been published, I will add some extracts from the report:—

He was admitted into Dun's Hospital, under the care of Professor Law, in the month of January, and was then voiding 16 pints of urine in 24 hours—specific gravity 1042. On the 10th of February the quantity of urine was 12 pints—specific gravity 1035–9, and contained 8·750 grains of sugar, or about  $45\frac{1}{2}$  grains to an ounce. On the 8th of March the quantity of sugar was 39 grains to the ounce, the amount voided being the same. On the 20th March the quantity of sugar declined to 34 grains; and on the 8th May the urine was reduced to 10 pints, and there were 38 grains of sugar in each ounce.

He left the hospital in July, but was again readmitted late in October, in an advanced stage of phthisis; and on the 10th November the *post-mortem* examination showed extensive tubercular disease in both lungs. “Both kidneys were very large; one weighed  $12\frac{1}{2}$  ounces, the other 11. Both were much congested, but exhibited no trace of disease or deviation from their normal structure. The liver was perfectly normal in size and appearance; and, on examination, did not contain a trace of sugar. It was, in fact, to the eye and to chemical analysis a specimen of a healthy liver.”

It will be seen from these cases in which the saccharine treatment has had a pretty fair trial, that, to say the least, it produced no permanent improvement. The specific gravity of the urine was not altered, and in each instance its saccharine quality was aggravated. 'Tis true the amount of urine voided within a given period was considerably diminished; but I think that result is very much within the control of the patient, exclusive of medicine. I mean, of course, if he checks his desire for fluids. The gain in weight and the increased strength may be more justly attributed to other causes than to the amount of sugar taken; and I am quite satisfied, so far as my observation enables me to judge, that the saccharine treatment of diabetes is not entitled to the credit which its advocates claim for it. All that can be said for it is, that it is vastly agreeable to patients, and is not positively injurious, as one might *a priori* be inclined to suppose.—*Dublin Quar. Jour. of Med. Science.*

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THE ASTLEY COOPER PRIZE of 1500 dollars has been awarded to Dr. Edward Crisp, by the physicians and surgeons of Guy's Hospital, for his essay on Anatomy, Physiology, and Pathology of the Human Pancreas.

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BRITISH MEDICAL ASSOCIATION.—The thirteenth annual meeting of this association was held in London on the 5th, 6th, 7th and 8th of August. We see by our late journals that the meeting was largely attended and was a highly interesting one, and that Professor Wood, of Philadelphia, and Dr. Ephraim Cutter, of Woburn, Massachusetts, were present.—*Medical News.*

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

AUG. 25th.—*Lumbar Abscess; Early Opening; Speedy Recovery.*—Dr. ABBOT read the following account of a case, which he had received from Dr. Stephen Tracy, of Andover.

“The patient, Mr. W. H., age 30; married; stature rather below the average height, and rather thick set; hair and beard very dark; skin soft and thin; cheeks full, florid; muscular motions very quick; occupation shoemaking, mostly; habits strictly temperate.

“In December, 1859, he suffered from pain in left lumbar region, regarded at the time as rheumatic. Was then under treatment about two weeks. Has occasionally experienced pain there since, but has been otherwise well, and has labored hard.

“On the 7th of March, 1862, I was called to see this patient. He said that for several weeks he had felt something of that old pain in his side, and yet it was not exactly the same as he had before. It had now become so severe that he must have medicine.

“At first I regarded it as rheumatic, but after some ten or twelve days I was led to suspect lumbar abscess from the characteristic drawing up of the knee; irritative or hectic fever, followed by profuse perspiration; severe, sharp pain, &c. In the course of a few days, the painful region was found to be slightly swollen, and the patient complained of a peculiar numbness in the centre of the diseased part.

“After a few days a tumor could, by hard pressure, be distinctly felt; its centre being midway between the crest of the ileum and the ribs, and under the anterior border of the tendinous expansion of the latissimus dorsi muscle. The drawing upwards and inwards of the knee rather increased, and so did the fever. In short, there was every evidence of the existence of an abscess except the feeling of fluctuation (and the tumor was too deep for that), and the actual seeing of the pus. The constitutional symptoms increased; appetite nearly gone, and the patient was losing flesh and strength rapidly. Yet he was able to sit up in a chair much of the day, but it was becoming morally certain that he would ultimately sink, unless relief could be soon afforded.

“This state of things led me to seriously call in question the wisdom of surgical writers in regarding lumbar abscess as forming an exception to the general rule to open abscesses situated under fascias early. I could think of no sufficient reasons for so doing, and resolved upon using an exploring needle, or trocar rather, and if I found pus to give it exit. Accordingly, on the 31st of March, twenty-four days from the time of my first visit, having etherized my patient, I introduced a small exploring trocar into the central part of the tumor. It was not till the point of the instrument had reached the depth of three inches, within a line or two, that diminished resistance evidenced its entrance into the cavity of the sac. I then withdrew the stilette, but no fluid followed. Feeling positive that I had penetrated a cavity containing pus, and thinking it might be too thick to flow through so small a canula, I applied my mouth, and by repeated strong suction drew out laudable pus. My diagnosis was now beyond the possibility of doubt. I then introduced along the track of the canula a narrow (three-sixteenth inch wide) bistoury into the sac of the abscess, then pressing



the point of the instrument forward, made the inner extremity of the opening a very little larger than the outer. I then turned the instrument, and pressing upon the point, made the inner portion of the incision larger than the outer by cutting the fibres of the fascias at right angles; then, turning the instrument to its first position, I withdrew it. A few drops of thick pus followed. I then introduced a grooved director from my pocket case, four and three-fourths inches before meeting with the least resistance. I then withdrew the instrument about an inch and a half, and made firm lateral pressure with the point of the instrument in all directions, with the design of thus preventing adhesion taking place, particularly at the inner part of the opening, before the pus should be discharged. I then withdrew the instrument, leaving the external opening only of the size necessarily made by the narrow bistoury used.

"A poultice was now applied and I left my patient, expecting that I had made such an opening through the several fascias as would enable the vital powers, before many days, to make an exit for the pus without any risk of the absorption of atmospheric air into the cavity of the sac.

"In this I was not disappointed. There continued to be a discharge of a drop or two of pus from time to time for five days, when it became sufficiently free; from one to four or six ounces or more escaping at a time on several occasions. No flocculi were discovered in the pus, but it became more thin and watery towards the last. The discharge continued in gradually diminishing quantities for about three weeks, when it entirely ceased. I think there could not have been less than two pints, and the family say there was certainly more than three pints discharged in all.

"The swelling, of course, diminished rapidly, and so did the drawing up of the knee as well as the irritative fever, while the appetite and strength as rapidly increased. By the first of May he was able to be out upon the street, and by the first of June was able to work half the day without injury, and has continued improving without any drawback, till now, Aug. 22d, he considers himself *entirely* well; and, so far as I can see, is well, and has been so for more than two months.

"The treatment throughout was anodyne, alterative and sustaining. About three weeks after the opening, I commenced the application of the ethereal tincture of iodine to the part, extending it over the whole left lumbar region, with evident benefit in forwarding the cure. It very perceptibly increased the quantity of urine.

"Query 1st. Have I probably seen the last of it?

"2d. Did I reason and act wisely in opening it as early as I did, and in the manner I did?"

Dr. GAY thought there was some doubt as to whether the case really were one of lumbar abscess, since there were no symptoms referable to the vertebral column, and the pus was laudable, instead of being thin and curdy, as is usually the case in lumbar abscess.

Dr. HOGGES observed that a "lumbar abscess," that is to say, an abscess dependent on some lesion of the vertebræ, does occasionally point in the lumbar region, yet its ordinary course is along the psoas muscle, and within its sheath, to the front of the thigh, whence its common name. Considering, therefore, the rarity of the former occurrence, the acute character of the symptoms characterizing the present case, the absence of constitutional disturbance on letting out the

matter, and the subsequent history of the patient, the presumption seemed to be rather in favor of an idiopathic abscess in the lumbar parietes. The puncture was probably made in the region of the quadratus lumborum, and, not near the psoas muscle, which, indeed, could hardly be reached, if the opening were made from behind. The depth to which the trocar penetrated was probably less than the reporter imagined. Abscesses of the iliac fossa have been opened in this region, and M. Nélaton observes, that the thickness of the soft parts which the knife passes through, is not great enough for the operation to present any difficulty.

Dr. GAY thought that most surgeons would have hesitated before plunging a trocar to the depth of three inches in that direction, without coming to any matter, unless there were great external swelling and fluctuation.

*AUG. 25th.—Fatal Apoplexy; Mass of Cholesterine in the Gall-bladder.*

—Dr. C. E. WARE showed a mass of nearly pure cholesterine of a perfectly oval form, about the size of an almond with the shell on, which was taken from the gall-bladder of a man who died of apoplexy. The patient was a shoemaker, about 58 years old, previously healthy, who was found lying beside his bench, insensible, shortly after he had dined, having vomited copiously. He was breathing heavily; there was no distortion of the features; the pupils were slightly dilated and fixed. There was no voluntary motion of either extremity. The respiration was alternately calm and labored. The man died about six hours from the time of his attack. At the autopsy, a large extravasation of fluid blood was found under the membranes of the brain, and between the convolutions under the right temporal bone, in the region of the lateral sinus. No blood in the ventricles. In the substance of the right side of the pons Varolii was a considerable effusion of blood, partly coagulated; a similar effusion, rather less in extent, in the left side of the pons. The upper part of the left side of the pons, in the neighborhood of the fourth ventricle, was a good deal broken down, and the upper part of the left hemisphere of the cerebellum was a good deal softened. The general appearance of the brain was healthy, though somewhat flabby and pale. The arteries of the base of the brain were accidentally not examined.

The thoracic viscera were healthy; the cavities of the heart were all entirely empty.

The gall-bladder was filled with a thin, semi-transparent fluid. Encysted in its neck was the mass of cholesterine mentioned above.

The capsule of the right kidney was somewhat thin, but adherent, so that portions of the kidney were torn away where it was removed. Externally it was granular in appearance, and of a slightly yellowish cast, masked by engorgement with blood. The organ contained two or three small cysts filled with a pale fluid. For the extent of one half the kidney, the pyramids, and all traces of renal structure, were obliterated. In the remaining half the calices were dilated. The microscope showed oil globules and broken-down tubules in abundance. The left kidney was nearly healthy in appearance.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON: THURSDAY, SEPTEMBER 18, 1862.
 

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**MANUAL EXTENSION AS A SUBSTITUTE FOR TENOTOMY FOR THE CURE OF DEFORMITIES FROM MUSCULAR CONTRACTION.**—Of late years, tenotomy has got into such extensive use for the removal of this class of deformities, as to take the place of almost all other modes of treatment. It is therefore with much interest that we have read in the *Journal de Médecine de Bordeaux* an account of Dr. Larghi's successful management of these affections by manual extension alone. We translate the notice in full, believing it will interest our readers.

Tenotomy for the cure of muscular contractions has been considered, up to the present time, as constituting a genuine advance in the treatment of this class of affections. The Surgeon-in-Chief of the Hospital of Vercelli, however, Dr. Bernadino Larghi, has declared himself in opposition to this method of treatment. When a part is contracted, shortened, says he, what should be done? It must be lengthened. It is then to extension, not to incision, that we should have recourse. The surgeon acts like a harpist, who, to elongate the string of his instrument which is too tense, divides it. This is a fundamental error. This fact is so evident to the author, that he thinks it needs no demonstration. Tenotomy to him has been a step backward in surgery. To-day there is a slight reaction from the furor with which tendons and aponeuroses were divided; but if there is a temporary pause, the means have not yet been discovered by which the affections for which tenotomy has been employed may be cured without it. This method is very simple; it is manual extension, which Dr. Larghi has employed for years (*da anni ad anni*); momentary extension, made morning and evening or even but once a day.

It must not be thought that the author is ignorant of the condition of the affected parts, the tendons, muscles, &c. of the shortened members, nor of what happens after tenotomy. But it is not only at the place for incision that he thinks it necessary to practise extension, where he might obtain a partial elongation, but to be effectual it must be practised in the whole course of the fibres implicated; and manual extension does this. It is by the normal muscular action, the action of contraction and lengthening, that we must hope to overcome these contractions. The contracted parts are atrophied, and it is only extension which will restore their length, the movement rousing them to new life, giving them increase of vigor to overcome and diminish to a great degree the atrophy.

After thus announcing the results which he hopes for from extension, Dr. Larghi explains his manner of employing it. It should last for a few moments only, be very gently applied, and very slowly. He afterwards examines its effects on all the parts implicated, muscles, tendons, aponeuroses, arteries, veins, nerves, and lastly the joints. He supposes a case of tenotomy practised for contraction of the thigh or at the knee, and compares it with the manual operation which has succeeded admirably with him since he renounced tenotomy and has had recourse only to extension or manual flexion.

Dr. Larghi has before strongly recommended the treatment by ex-  
 VOL. LXVII.—No. 7B

tension in the *Journal of the Royal Medico-Chirurgical Society of Turin*, for April, 1858. He had employed it with success in club-foot and contractions of the hand upon the forearm. There is, notwithstanding, a case in which he leaves it an open question whether extension is preferable to tenotomy; it is where there is *excessive* contraction of the hand upon the forearm. But in the cases where there is atrophy of the hand, arm, shoulder, together with the corresponding part of the trunk and head, it is useless to think of extension, and tenotomy is even more powerless.

Before tenotomy was practised, apparatus was employed; but this was an error, not of principle but of *modus faciendi*. The apparatus acted too powerfully and in a permanent way, whereas manual extension is an intelligent act, combining extension and flexion.

It was after employing tenotomy with more or less success that Dr. Larghi was led to employ extension, trying it in cases of contraction of the leg upon the thigh caused by the flexor muscles, of the forearm on the arm, the thigh on the pelvis, the arm upon the shoulder, and the shoulder on the trunk. By degrees he extended the application of his method, and finished by employing it in cases of club-foot.

In his published articles the author explains his manner of operating in each case; giving the details, which are full of interest. The extension should be repeated every day, so as to put in practice the adage of the imitator of nature, *nulla dies sine linea*. He does not pretend to say absolutely that he can act upon bony deformities, but he believes that he can modify them very advantageously. Perhaps he would have done better, had he, instead of contenting himself with mentioning his success in general terms, given in detail some of these facts. The following is a case of a patient still under treatment, and which is full of interest.

A young child was affected with varus of the right foot, and contraction of the left hand, so excessive that the atrophy involved hand, forearm and arm to the shoulder, the trunk, and the neck; the muscular and bony systems being both involved. The left hand is inclined towards the cubital side, and the palm towards the palmar surface of the forearm. This hand, which is incapable of any movement, cannot sustain the least weight, neither can the left arm be raised. By a series of manipulations some improvement has already been gained in the club-foot, the child being able to walk in the ordinary way, having previously dragged the foot after him, turned inward. The following is Dr. Larghi's method of extension. The patient is laid upon his belly and chest, face downwards. Holding the thigh firmly down at the tibio-femoral articulation, with one hand he seizes the lower extremity of the leg, and extends it little by little. Passing next to the foot, fixing the plantar surface against the operator, the heel being up and firmly held, he carries outwards the anterior and inverted extremity, and afterwards applies extension to the plantar surface itself. After a few repetitions of this operation the club-foot was entirely cured, and at the present time the patient walks with the right foot like the left, without using a cane or limping.

In operating on the hand he applied extension to the forearm with the dorsal surface turned upwards. An attendant held the hand, while another held the upper extremity, the palmar surface being turned downwards. The two assistants then made extension and counter-extension. The fingers, which were also contracted, were at

the same time drawn upon. The surgeon applied pressure upon the back of the wrist. This treatment was kept up for some time, the extension being repeated at short intervals; afterwards the extension was made at longer intervals. The arm, which at first could not be raised, can now be easily carried above the head, and both arm and shoulder have acquired sufficient movement, and the complete cure is certain. The contraction of the hand is less strong, and it is certain, that although it is turned inwards, the patient is able to open it sufficiently to seize and hold a light weight, which he could not do at first. It may be asked whether in this case more might have been gained by tenotomy. There can be no doubt of the answer.

We believe Dr. Larghi has opened a way in which others may follow; and we advise our brethren who may wish to obtain more of the details of his operations, to read the Memoir which the author has published in the *Gazetta Medica Italiana*, January, 1862.

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THE FROZEN WELL IN VERMONT.—A Committee of the Boston Society of Natural History, Dr. C. T. Jackson being Chairman, have made a report on the frozen well of Brandon, Vt., in which they say—

“Although we do not feel that we have been able to remove all doubts as to the true theory of the phenomena of the frozen well, still we incline to believe that the freezing is due to the nature of the conducting medium in which the well exists, and that the wave of heat in the summer months is not adequate to overcome the cold of the longer cold months, while the uncommonly severe winters of 1856 and 1857 may have lowered the temperature of the rocky masses of boulders, so that the wave of summer heat has not yet been able to reach the frozen mass, which, once congealed, would resist thawing on account of the slow conduction of ice. It should also be remembered that water does not conduct heat downward readily, though it does upward by convection.”

---

IRIDECTOMY IN GLAUCOMA.—The Editor of the *American Journal of Ophthalmology* says,—In allusion to an interchange of statements by Dr. J. H. Dix of Boston, and Dr. Bumstead of New York, on the subject of performing iridectomy in glaucoma, and as to the priority of its performance in America, the Editor takes pleasure in stating that he—arrived in this country on the 4th of January, 1861—performed iridectomy in a case of chronic glaucoma in the beginning of February, and since. It will thus be seen that he performed the operation as early as it was well possible, and among the first.

“Furthermore, our results have been such as to confirm our previous views concerning its utility—views that we cannot change, even though, ‘at the New York Eye Infirmary, Hancock’s operation is preferred to Graefe’s, as avoiding deformity.’ [? !]”

---

WE understand that the “Hand-book of Surgical Operations,” by Dr. Stephen Smith, of New York, lately issued by Bailliere Brothers, very soon passed to a second edition, which has been already taken up, and that a third edition will shortly be in readiness. The work is well adapted to the more pressing wants of the profession at this time, and we are glad to learn that it is having so extensive a circulation.

PROVIDENCE, R. I., Sept. 13, 1862.

*Mr. Editor.*—I send you the following extract from a letter recently received from my friend, John Stanton Gould, of Hudson, N. Y. The gentleman, though not a medical man, is entirely competent to observe what he relates; his statement may therefore be implicitly relied upon. He met with the specimen during a recent visit to the Adirondack forests. The case seems to me worthy of record in the *JOURNAL*.

Yours truly,

G. L. COLLINS.

"Two years ago a hunter, living near the head of Long Lake, shot a deer through the brain. On cutting it up, he found a curious appearance about the heart, which he cut out and preserved, first in salt and afterwards in spirit.

"The deer had previously been shot with a rifle ball, which had entered the chest, passed through the left auricle, diagonally through the left ventricle, the septum, and stopped in the outer wall of the right ventricle. The opening in the septum was closed by a membrane, as was that in the ventricle.

"After such a wound the deer recovered, and when shot, was fat and in splendid condition in all respects."

**HEALTH OF PROVIDENCE, R. I.**—From Dr. Snow's monthly report for August, it appears that the remarkable low rate of mortality in that city during July was not continued in the succeeding month, although the public health was still favorable—the deaths not exceeding the average number for the month of August in former years. The whole number of deaths for the month was 109—giving 1 in 464 of the inhabitants. Under 5 years, 60; between 80 and 90 years, 6; between 90 and 100 years, 3. Of consumption, 16; cholera infantum, 29.

40th Mass. Reg't—Dr. O. A. Brewster, Surgeon, and Drs. J. Cass and Andrew Smith, Assistant Surgeons. 41st Reg't—Dr. A. H. Blanchard, Surgeon, and Dr. J. Blackmer, Assistant Surgeon.

**VITAL STATISTICS OF BOSTON.**

FOR THE WEEK ENDING SATURDAY, SEPTEMBER 13th, 1862.

**DEATHS.**

	Males.	Females	Total.
Deaths during the week, . . . . .	33	41	73
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	49.7	49.9	99.6
Average corrected to increased population, . . . . .	..	..	111.16
Deaths of persons above 90, . . . . .	..	0	0

**Mortality from Prevailing Diseases.**

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Varola.	Dysentery.	Typ. Fev.	Diphtheria.
10	13	2	1	2	0	3	2	0

**PAMPHLETS RECEIVED.**—*Varola; its Nature and Treatment.* By Andrew Nebinger, M.D., Philadelphia. —*Medical Testimony in regard to the proper Mechanical Treatment of Joint Diseases.* By Henry G Davis, M.D., New York. Report of the Surgeons of the New York Ophthalmic Hospital, for the years 1860-61.

**MARRIED.**—At Acworth, N. H., on the 11th inst., by Rev. Amos Foster, S. M. Dinsmoor, M.D., of North Branch, to Miss Georgiana Carey, of Lempeter.

**DIED.**—At Chelsea, on the 21st August, Dr. Alpheus Proctor, aged 57.

**DEATHS IN BOSTON** for the week ending Saturday noon, September 13th, 73. Males, 32—Females, 41. —Apoplexy, 1—inflammation of the brain, 1—burns, 1—cholera infantum, 13—consumption, 10—convulsions, 2—croup, 2—debility, 1—diarrhoea, 5—dropsy, 1—dropsy of the brain, 4—dysentery, 3—erysipelas, 3—scarlet fever, 1—typhoid fever, 2—disease of the heart, 2—hydrosis, 1—infantile disease, 6—intemperance, 1—disease of the liver, 1—inflammation of the lungs, 2—marasmus, 1—measles, 1—old age, 3—tonsillitis, 1—unknown, 4.

Under 5 years of age, 39—between 5 and 20 years, 5—between 20 and 40 years, 15—between 40 and 60 years, 6—above 60 years, 8. Born in the United States, 55—Ireland, 13—other places, 6.

# MEDICAL JOURNAL ADVERTISING SHEET.

**MEDICAL INSTITUTION OF YALE COLLEGE.**—The Course of Lectures for 1882-83 commences on Thursday, September 15th, and continues seventeen weeks.

JONATHAN KNIGHT, M.D., Prof. of Surgery.  
CHARLES HOOKER, M.D., Prof. of Anatomy and Physiology.

WORTHINGTON HOOKER, M.D., Prof. of Theory and Practice of Medicine.

BENJAMIN SILLIMAN, Jr., M.D., Prof. of Chemistry and Pharmacy.

PLINY A. JEWETT, M.D., Prof. of Obstetrics.

CHARLES A. LINDSEY, M.D., Prof. of Materia Medica and Therapeutics.

Matriculation, \$5. Lecture fees, \$68.50. Graduation, \$15. CHARLES HOOKER, *Dean*  
*New Haven, July 28, 1882.—tl. [of the Faculty.]*

**GARDNER'S PERMANENT SOLUTION OF PROTOXIDE OF IRON.**—The attention of the Medical Profession is called to this novel and eminently successful preparation of Iron. It is becoming so well known, and so generally used, although but a short time before the public, that it has already taken its place among the standard preparations of the day. It contains 40 grains of Ferri Protoxide to the fluid ounce, and is prepared in two forms—bitter and sweet; the former the result of a combination of a vegetable tonic Quassin, containing no Iannin, whereby a precipitate of Tannate of Iron is avoided; with the mineral. The rapidity with which this article is assimilated is really surprising, usually producing observable effects in chlorosis in from three to six days.


*Jersey City, N. J., Feb. 15, 1882.*  
I have tested the preparation of Mr. Gardner, known as the "Liq. Ferri Protoxidi," and find it to be decidedly the most efficient preparation of that mineral I have ever prescribed; being prepared with a vehicle at once palatable and acceptable to the stomach, it is readily administered. I have no hesitation in giving Mr. Gardner's preparation the preference over all other preparations of that mineral, for those peculiar morbid conditions of the human organism where the use of Iron is indicated.

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President of Hudson County Med. Society.  
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**OPHTHALMOSCOPES**—modified from those of A. Angnostakis and Jaeger, by JOHN H. DIX, M.D. For sale by CODMAN & SHURTLEFF, Sept. 1.—tl

*Boston, July 1st, 1881.*  
**HAVING** sold to Messrs. CODMAN & SHURTLEFF, 13 Tremont street, our entire stock of Surgical, Dental, and Veterinary Instruments, and having relinquished these branches of our business, we hereby recommend the establishment of Messrs. Codman & Shurtleff to our former patrons.

IIASSAM BROTHERS  
(late Kingman & Hassam).  
Feb. 12-1f

 **SEILPHO'S PATENT ELASTIC ARTIFICIAL LEG AND HAND,** 216 Broadway, opposite St. Nicholas Hotel, New York.  
Send for a Circular. Aug. 14-ly

**NOTICE.**—The Subscriber wishes a partner, at "The Pearl Hill Retreat," and in the general practice of medicine. For particulars, address W. M. BARRETT, Fitchburg, Mass.  
May 22.—tl

**THE DAVIDSON SYRINGES**—the best and cheapest domestic instrument in use—if they get out of order in six months, repaired free of charge. For sale by I. BARTLETT PATTEN, June 12 Druggist, 27 Harrison Avenue, Boston.

**DR. EDWARD JARVIS**, having returned from Europe, is again prepared to receive, at his house in Dorchester, and attend elsewhere, in consultation or otherwise, to patients who are suffering from nervous or mental disorders. Sept. 27-1f

**CULAS H. SPRING, M.D.**, has removed from No. 213 Washington st. to No. 7 Harrison Avenue. Special attention given to Diseases of the Spine. Office hours, 9 A.M. to 3 P.M. Jan. 2-1f

**GENEVA MEDICAL COLLEGE.**—The Session of 1882-83 will begin Wednesday, Oct. 1st, 1882, and continue sixteen weeks.

*Faculty.*  
JOHN TOWLER, M.D.,  
Dean and Registrar.  
JAMES HADLEY, M.D.,  
Emeritus Prof. of Chemistry and Pharmacy.

JOHN TOWLER, M.D., Professor of Chemistry and Pharmacy.

FREDERICK HYDE, M.D., Prof. of Principles and Practice of Surgery.

GEORGE BURR, M.D., Prof. of General and Special Anatomy.

NELSON NIVISON, M.D., Prof. of Physiology and Pathology.

HIRAM N. EASTMAN, M.D., Prof. of the Practice of Medicine and Materia Medica.

Prof. of Obstetrics, Diseases of Women and Children, and Medical Jurisprudence.

LYMAN W. BLISS, M.D., Demonstrator of Anatomy.

Fees, payable in Advance.—Matriculation, \$3. Tickets for the whole Course, \$50. Graduation, \$20. Demonstrator's ticket, \$3. Anatomical material, \$5.

Special attention paid to Military Surgery, &c.

Further information may be obtained by addressing J. TOWLER, Dean of the Faculty, Geneva, N. Y.

\* R. STONE, M.D., will perform the duties of this department. July 31-1015

**VACCINE VIRUS.**—The Subscriber proposes to furnish (by mail, postage free and securely packed in small metallic boxes contrived for the purpose) Vaccine Virus, of guaranteed freshness, purity and efficiency, to physicians in all parts of the United States and Canada, at the following rates:—12 quills (prepared in such a manner that the lymph cannot chip off), \$1.00. Recent crusts (resulting from the drying of perfect, unruptured and uncomplicated vesicles), securely mounted in gutta percha, so that they can be used with great facility and without breaking or waste—small, but perfect, each \$1.00; very large and fine, each \$2.00.

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Roxbury, Mass.

*References.*—Dr. Walter Channing, Boston; Dr. Oliver Wendell Holmes, Boston; Dr. R. D. Mearns, Boston; Dr. Henry Bartlett, Roxbury; Dr. Dix Crosby, Hanover, N. H.; Dr. Josiah Crosby, Manchester, N. H.; Dr. Gilman Kimball, Lowell, Mass.; Dr. S. W. Thayer, Burlington, Vt.

June 7-1v

**ARTIFICIAL LEGS,**  
"PALMER'S PATENT," improved, superior in mechanism and utility. Hands and arms of superior excellence. Feet for limbs shortened by Hip Dislocation, new, unique and useful. Surgical apparatus and treatment for diseased and deformed limbs. By E. D. HUDSON, M.D. (late Palmer & Co.) Clinton Hall (up stairs—only office), Eighth St., or Astor Place, New York.

References to the first New York surgeons and others. Send for pamphlets. Aug. 14.

**TRUSSES.**—Dr. Riggs's Hard Rubber Multipedal Truss. Water proof. Used in bathing; cleanly and indestructible. No. 2 Barclay street, New York. Aug. 14-1y

**JOSIAH H. STICKNEY**, Veterinary Surgeon, has removed to 55 Temple street, third left door below Derne street. Aug. 28-4f

**DR. HENRY W. WILLIAMS**, 15 Arlington St., Boston (opp. Public Garden) special attention given to Diseases of the Eye. Nov. 5, 1884.—optf



# MEDICAL JOURNAL ADVERTISING SHEET.

**MASSACHUSETTS MEDICAL SOCIETY.—**  
**COUNCILOR'S MEETING.**—A Stated Meeting of the Councilors of the Massachusetts Medical Society will be held at the Room in Temple Place, Boston, on Wednesday, Oct. 1st, at 11 o'clock, P.M. **F. MINOT, Rec. Secretary.**  
 Sept. 18—21

**REMOVAL.**  
**DR. CHANNING,** 39  
 Sept. 18—6t Mount Vernon Street.

**LEOPOLD BABO, German Apothecary, No. 33**  
 B. Ylston street, Boston. Sept. 18—1y

**PALMER'S PREMIUM ARTIFICIAL LEG!!**—This world-renowned invention is far superior to all other Artificial Legs manufactured either in Europe or America. No less than four patented improvements have been taken out for it, since its first introduction. Every desirable change that mechanism capable of producing has been introduced, until, in the recent language of one of our most celebrated surgeons (Henry J. Bigelow, M.D.), "it is very near perfection." Several imitators have recently sprung up, who are endeavoring to deceive the public by pretended improvements, which, in their practical application, are absolutely worthless. All "lateral motion" of an Artificial Foot simply renders the action unsafe; the foot in a short time becoming rickety and noisy, and consequently liable at any time to break from its connections. The "Palmer Artificial Leg" has stood the test of years, and all the truly practical improvements, which inventive skill, aided by the personal use of an Artificial Leg, could suggest, have been introduced.

The fact that nearly 4000 persons are now wearing the "Palmer Leg," testifies to its superiority over all others. The "Great Prize Medal" was awarded to it in London over thirty-five competitors from all parts of Europe.

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All pretended improvements over it are simply theoretical notions, intended to deceive. The extended reputation of this invention is a sure guaranty to the patient, that in procuring the "Palmer Leg" they will secure the best, and run no risk.

The patient is enabled to walk immediately upon its application. It is applied to the shortest and tenderest stump with perfect success.

The Surgeons of the Massachusetts General Hospital recommend this invention over all others.

Pamphlets, giving full information, sent gratis to all who apply.

General Manufactory for all the New England States, is at 19 Green street, Boston. Address **PALMER & CO.,**  
 19 Green street, Boston.  
 Sept. 18.

**DR. DAVIS'S INSTITUTE,** corner of 37th st. and Madison Avenue, New York. This Institution is established for the purpose of carrying out, in the most appropriate manner, the treatment introduced by the undersigned for diseases and injuries of joints, including old dislocations, and deformities. The principles of his treatment, its benefits and its applications, have freely been communicated to the profession. The advantages of having the patient constantly under personal control and supervision are too obvious to all medical men to require elucidation. Indeed, the Institute is established in compliance with frequent requests of Physicians, as well as patients from abroad.

The Institute is arranged with all the comforts of a private family home, without any of the repulsive accompaniments of a hospital. Further particulars obtained by applying to **HENRY G. DAVIS,**  
 Sept. 11—11t 210 Madison Av., New York.

**FOR SALE**—A complete set of the Boston Medical and Surgical Journal, from its commencement to the end of the 66th Volume. The advertiser having given up the practice of medicine, has no further use for the work, and will dispose of the set on terms favorable to the purchaser.

Application may be made to the publisher of the Journal, who is authorized to make the sale, a 2t

**NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL.** No. 90 East Thirtieth Street, near Fourth Avenue.  
 The next Annual Course of Lectures will commence on Monday, October 20, 1862, and will terminate in the early part of March, 1863.

**Faculty.**  
**HORACE GREEN, M.D., LL.D.,** Emeritus Prof. of Theory and Practice of Medicine.  
**JOHN M. CARNOCHAN, M.D.,** Prof. of Clinical and Operative Surgery.  
**B. I. RAPHAEL, M.D.,** Prof. of the Principles and Practice of Surgery.  
**CHARLES A. BUDD, M.D.,** Prof. of the Theory and Practice of Midwifery.  
**A. JACOB, M.D.,** Prof. of Infantile Pathology and Therapeutics.  
**E. NOEGGERATH, M.D.,** Prof. of Clinical Midwifery and Diseases of Women.  
**J. V. C. SMITH, M.D.,** Prof. of Anatomy.  
**WM. F. HOLCOMB, M.D.,** Prof. of Ophthalmic and Aural Surgery.  
**SAMUEL R. PERCY, M.D.,** Prof. of Materia Medica and Therapeutics.  
**HENRY FOX, M.D.,** Prof. of Theory and Practice and Clinical Medicine.  
**CHARLES A. SEELY, Prof. of Chemistry and Toxicology.**  
**Hon. JOHN H. ANTHON, A.M.,** Prof. of Medical Jurisprudence.

**Prof. of Physiology and Microscopic Anatomy.**  
**JAMES E. STEELE, M.D.,** Demonstrator of Anatomy and Curator of the Museum.  
**GEORGE WOOD JEWETT, M.D.,** Assistant to the Prof. of Midwifery.  
**WM. BALSER, M.D.,** Assistant to the Prof. of Infantile Pathology.  
**F. S. SNEADE, Janitor.**

A preliminary term will commence on Monday, Sept. 15th, and continue until the Regular term begins. This course will be GRATIS to those students who intend taking a full winter Course, and will be as follows:—

On Amputations, by Prof. CARNOCHAN.  
 " Gun-shot Wounds, by Prof. RAPHAEL.  
 " Pregnancy, by Prof. BUDD.  
 " Anatomy and Physiology of the New Born, by Prof. JACOB.  
 " Bandaging, by Prof. HOLCOMB.  
 " Anatomy of the Regions, by Prof. SMITH.  
 Material for dissection is abundant, and furnished to students at a mere nominal price.  
 Daily Clinics are held at the College.  
 Further information as to Lectures, Terms, &c., may be obtained by addressing

**PROF. B. I. RAPHAEL, M.D.,**  
 Dean of the Faculty, 91 Ninth Street.

\* Prof. Browne, having received the appointment of Brigade Surgeon, has resigned the chair of Physiology. The chair is now vacant, but will be filled before the commencement of the Course.  
 Aug. 14—

**ALEXANDER WOOD'S SYRINGES FOR SUBCUTANEOUS INJECTION,** sent by mail on receipt of price, \$4.

Cannmann's Double Stethoscopes,  
 Dix's and Anagnostakis's Ophthalmoscopes,  
 Clark's Otopscopes,  
 Goodwin's and Skinner's Splints,  
 Burge's Apparatus for Fracture of Thigh,  
 French Skeletons and Preparations,  
 Physicians' Medicine Trunks and Pocket Medicine Cases,  
 Spongio Piline (substitute for poultices)  
 Elastic Hose for Varicose and swelled limbs  
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 Syringes of every description,  
 Galvanic Batteries, &c.  
 Also, a complete assortment of Surgical Instruments and Appliances, a priced Catalogue of which will be furnished on application.

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 Je7—1t

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Price.—Three dollars a year, in advance; after three months, \$3.50; if not paid within the year, \$4. For a single copy, 8 cents.



*Sept. 26*

THE  
BOSTON MEDICAL AND SURGICAL  
JOURNAL.

EDITED BY

SAMUEL L. ABBOT, M.D.

Whole No. 1804.] Thursday, Sept. 25, 1862. [Vol. LXVII. No. 8.

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HARVARD UNIVERSITY.  
MASSACHUSETTS MEDICAL COLLEGE.

THE annual course of Medical Lectures of Harvard University will commence at the Massachusetts Medical College, in North Grove st., Boston, on the first Wednesday of November, 1862. The regular course will be as follows:—

Obstetrics and Med. Jurisprudence by Professor D. HUMPHREYS STORER, M.D.	
Morbid Anatomy by . . . . .	JOHN B. S. JACKSON, M.D.
Clinical Medicine by . . . . .	HENRY I. BOWDITCH, M.D.
Anatomy and Physiology by . . . . .	OLIVER W. HOLMES, M.D.
Theory and Practice of Medicine by . . . . .	GEORGE C. SHATTUCK, M.D.
Surgery by . . . . .	HENRY J. BIGELOW, M.D.
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Aug. 7, 1862—tL

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Feb. 13—17



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\* **R. STONE, M.D.,** will perform the duties of this department. July 31—1015

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*References.*—Dr. Walter Channing, Boston; Dr. Oliver Wendell Holmes, Boston; Dr. R. M. May, Boston; Dr. Henry Bartlett, Roxbury; Dr. Dix Crosby, Hanover, N. H.; Dr. Josiah Crosby, Manchester, N. H.; Dr. Gilman Kimball, Lowell, Mass.; Dr. E. W. Thayer, Burlington, Vt. June 7—17



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References to the first New York surgeons and others. Send for pamphlets. Aug. 14.

**TRUSSES.**—Dr. RIGGS'S Hard Rubber Multiple Truss. Water proof. Used in bathing; cleanly and indestructible. No. 2 Barclay street, New York. Aug. 14—17

**JOSIAH H. STICKNEY,** Veterinary Surgeon, has removed to 55 Temple street, third left door below Deme street. Aug. 28—41

**DR. HENRY W. WILLIAMS,** 15 Arlington St., Boston (opp. Public Garden) special attention given to Diseases of the Eye. Nov. 5, 1865.—sept 1

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Assafoetida,	4	Lactate of Iron,	1
Aloes and Assafoetida,	4	Sulphate of Quinine,	1 & 2
Dinner, Lady Webster's,	3	Valerianate of Quinine,	1
Compound Calomel, Plummer's,	3	" of Zinc,	1
" " " "	1½	" of Iron,	1
Blue Pills,	3	Citrate of Iron and Quinine,	2
Opium Pills,	1	" of Iron,	2
Calomel Pills,	2	Willow Charcoal,	2
Opium et Acet. Plumb., each	1	Diascordium,	2
Extract of Rhatany,	2	Anderson's Antibilious & Purgative,	2
Compound Rhubarb,	3	Extract of Gentian,	2
Compound Colocynth,	3	Iodide of Potassium,	2
Compound Squills,	4	Calcined Magnesia,	2
Dover Powders,	3	Rhubarb,	2
Carbonate Iron, Vallett's formula.		Ergot Powder, covered with sugar	
Carbonate of Manganese and Iron.		as soon as pulverized,	2
Kermes,	1-5	Phellandria Seed,	2
Santonine,	½	Washed Sulphur,	2
Bi-Carbonate of Soda,	4	S. N. Bismuth,	2
Meglin,	1	Tartrate Potassa and Iron,	2

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Codeine,	" of Ipecac,
Concine,	" of Opium,
Extract of Belladonna,	Proto-Iodide of Mercury,

Lupuline,	gr. ¼	Extract Rad. Aconite,	gr. ¼
Extract Nux Vomica,	¼	Emetine,	¼
Veratrine,	1-24	Iodide Mercury,	¼
Sulphate of Morphine,	1-8	Valerianate Morphine,	1-8
Corrosive Sublimate,	1-12	Acetate Morphine,	1-8
Nitrate of Silver,	¼	Digitaline,	1-24
Extract of Hyosciamus,	¼	Strychnine,	1-12

Colchicum (each granule equal to two drops of tincture.)

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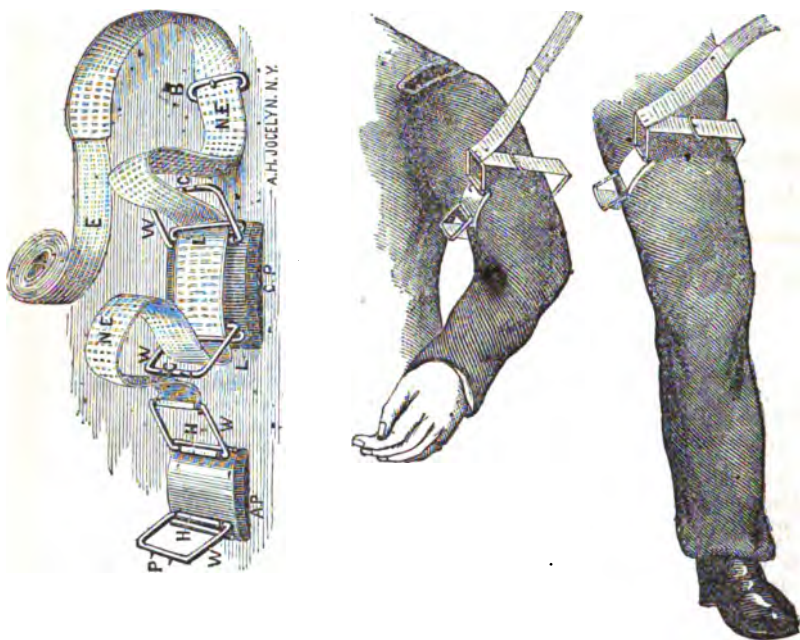
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THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. LXVII. THURSDAY, SEPTEMBER 25, 1862.

No. 8.

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CASE OF RETENTION OF A PORTION OF THE PLACENTA—FROM  
MY NOTE BOOK.

BY W. CHANNING, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MRS. —, 41, was taken in her fourth labor, November 24, 1861. She was attended by a midwife, and was naturally delivered at 7, A.M., of a son. I was called to see her at 2, P.M., of the same day. I had attended her in her third labor, which was without accident, and learned the following particulars of her history, the recital being prompted by the diseased condition which led to the call. From girlhood Mrs. — was in the habit of rejecting a portion of every meal. She did not vomit it, but it would accumulate in her throat, as for rumination, and be gradually spit up. At times there was great distress in the stomach after eating. This condition has often been present during her whole life, but has never seriously impaired her health. I do not recollect that it was alluded to in the labor in which I attended her.

In the seventh month of her present pregnancy, the stomach trouble declared itself in an unusually severe form. She could not bear any amount of food on her stomach, and while it was retained, her distress was extreme. It had no resemblance to that state of stomach which attends on early pregnancy, nor on that which sometimes occurs at the close of that function. It was accompanied by great suffering. One symptom was especially referred to. This was intense heat in the organ. So great was this, that at times she drank, in a night, nearly or quite two quarts of cold water. When first swallowed or while cold, there was comfort, but as it grew warm this disappeared and the water was violently thrown up. She did not perceptibly lose strength or flesh, and but for the long continuance of this disturbance, it might have been regarded only as a modification of the sympathetic stomach difficulty which occurs in the last months of pregnancy, and at times with such severity as to render premature delivery necessary to save life. At times there was

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more or less embarrassment of respiration during the attacks. The bowels had not been much disturbed.

It was said above that labor was over at 7, A.M. It was but an hour long. The afterbirth was adherent, and the midwife took it away, as she said. Some hæmorrhage attended, and followed, the operation, but was not deemed of sufficient amount to detain the attendant for more than an hour, she leaving at 8, A.M. Mrs. — had another professional engagement, if such it could be called. Her next attendant was a *Botanic*, who brought two bottles, with printed labels, one labelled *liniment—external, internal*, and a powder. One label was partly scratched off; but a part of the written directions was, “teaspoonful *swallowed*.” Mrs. — took one dose, but such was the intenseness of heat which it produced in the mouth, and the racking pain in the stomach till she vomited it, that she declined taking a second dose. An homœopath was next called. The three tumblers, No. 1, No. 2, No. 3, were duly arranged on the table, with a teaspoon in each, lest disturbance of therapeutic effects might be produced by using the same spoon. Mrs. — took Nos. 1, 2, 3, till she was tired, getting not the least relief from the *potency*; and I was desired to see her, and at once, as it was feared she would die before my arrival, if it were delayed.

I found her in great distress. Her breathing was short—as if the air, having reached a certain point, could get no farther. Violent attempts were made at eructation; and from the stomach, black masses like blood were thrown in the vomitings. I asked about this, and was told that in the four days previous to labor the appearance of the matters vomited resembled these now ejected. Upon examination of the abdomen, pressure could not be borne at the epigastrium, and this was found to be the case by carrying the pressure to the left hypochondrium—the right was not disturbed by pressure. The uterine tumor was very large, considering that it was now eight hours since delivery. I felt for the pulse, but found none, either in the right or left wrist. I asked if she had flowed much. “Yes,” was the answer, “excessively,” and flowing still continued. The napkins removed showed this. She was flowing when the attendant left.\* Notwithstanding all this, the color of the lips and the warmth of the skin were perfectly natural. The strength seemed good. There was no sighing, but a very striking dyspnoea. The voice was clear, and the manner not at all depressed. The womb was examined. Coagula were removed, and the os uteri felt. It was closed, during this operation, and was high up, very firm, and too tender to tolerate any degree of pressure more than was necessary to ascertain its actual state. The womb, as was said, was unusually large, and perfectly solid. At one spot pressure produced finching. If

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\* A neighbor was called in as the attendant left, who told me some time after that such was the saturation of the bedding and bed with blood, that it was deemed necessary to remove Mrs. — from her bed to the floor, that a fresh bed might be made for her. The quantity of blood was described as enormous.

was at this point, the midwife said the placenta had been attached. Stimulants were given, at once, and to relieve the alarming distress opium was added. While these measures were proceeding, means were used to check the hæmorrhage. A firm bandage was applied round the abdomen. The tampon was used, as was ice, and a strap from the bandage was passed between the limbs, and drawn strongly over a compress applied to the external organs.

Much relief of the stomach and lungs followed the opiate, which was repeated as indicated. The relief was expressed after a manner not to allow any question of its reality; and when resorted to afterwards, was alike salutary. I had in view what Stuart says in his monograph, printed some time ago, of the beneficial uses of opium in uncomplicated uterine hæmorrhage, though I did not give it in as full doses as does he. At times he gave as many as 80 drops at a dose, and repeated it if necessary, and never with any ill effects. My friend Dr. Bartlett, of New Bedford, in a conversation on the medicinal properties of opium, said he had found a combination of the bicarbonate of soda with it very useful in preventing some of the uncomfortable effects of this narcotic. Among these he mentioned headache, nausea, &c. I have frequently used this combination, and did so in the case of Mrs. ——. The hæmorrhage—or leak, which it had become—was at length checked. Of this, Mrs. —— was soon aware. Every physician must have observed how sensitive women sometimes are about the passage of blood over the limbs in these cases. It is its comparative warmth, probably, which makes them aware of this. This sensitiveness is sometimes met with in a degree to disturb the physician who is not aware of its power, for a very few drops will lead to the words, "I am flowing"—words most unmusical to the medical ear. Mrs. —— was not disturbed by this occurrence. I told her that the ice would melt, and the warm water produced might imitate flowing. She did not refer to this occurrence I think more than twice during the many hours I remained with her.

The pulse continued to be uncertain. Sometimes it was to be felt in both wrists, but always with most distinctness in the right wrist. It was often wanting in the left, sometimes in the right. It was never *frequent*. This I deemed a very promising fact in its pathological bearings. The heart was acting feebly under the loss of a large amount of its great and important stimulus; but it acted *regularly*, whenever it could be detected in the artery. Stimulants, especially brandy, were always followed by return of the pulse, and increase of its force. The stomach-sinking was also relieved. "That goes to the right spot," was the language which expressed the relief. At times a large quantity of wind was afterwards discharged from the stomach.

Sleep had, as we have said, been disturbed for four nights just preceding labor. When quiet came, as it did from opium, sleep

came with it. It was profound, with heavy snoring, and full puffing in expiration. These last attracted attention. Mr. ——— was applied to, and he said this kind of sleep was natural. At times they were so disturbing that sleep was broken to stop them. The soundness of the sleep to-night might be owing to the long-continued previous watchfulness. At midnight I retired, after having carefully instructed the night attendants as to their duties, and after directing them to call me if anything occurred concerning which my advice might be necessary.

25th. Between 6 and 7, I saw Mrs. ———, and learned that the night had been comfortable. There had been no noticeable hæmorrhage, and sleep had been less labored. The pulse continued feeble, and at times disappeared, but some food or other stimulants brought it back as before. The bandage, compress, &c. were removed, and no evidence of recent hæmorrhage discovered. (Speaking of stimulants, a mixture of tincture of cinnamon and cinchona was given. A medical friend suggested this to me many years ago in such cases, and I have often usefully employed it since.) The womb was smaller, and less tender. There had been no urine recently, and a large quantity was drawn by the catheter, with the customary relief.

5, P.M. But little gain since morning, the pulse being still uncertain. Mrs. ——— said her nurses had given her less nourishment than she felt she needed. Stimulants were freely given, with much relief from the sinking feeling; and directions as to quantities and times, as before, were insisted upon. It was clear that Mrs. ——— knew when she had enough, and was a better judge of this than were her attendants.

26th. Mrs. ——— not so well. Hæmorrhage returned at midnight, and continues. Pulse as before, at times felt, feeble, but still slow, about 75 per minute. Extremities cooler than before—manner of exhaustion. Stimulants—tampon and T bandage compression. Fluid extract of ergot every two hours, and two teaspoonsful of brandy every half hour till reaction. If uterine action, with bearing down, remove pressure from external organs. Mrs. ——— was seen twice in the forenoon, and again at 5 P.M. Fluid extract vomited, as have been all other ingesta. At this visit, more favorable report. Uterine action had occurred, and a cylindrical mass, several inches in length, and one inch in diameter, had been expelled. Its surface was light colored, mottled, smooth—very firm—requiring much force to cut through it, in direction of its length. Internal surfaces of the section black—uniform—exactly resembling blood which had been very forcibly compressed. It was at first thought to be the placenta, and was found to be so after a later examination. The fœtor of decomposition was strongly declared. Great relief had followed the expulsion of this mass. Hæmorrhage had ceased at once. The uterine tumor had nearly disappeared, and the abdominal walls were soft and flaccid. Strong cructation had followed the



three doses of the fluid extract, and with these the extract was thrown out of the stomach, as declared by its taste. I was called to see Mrs. — at midnight, as it was supposed she was dying. No signs of dying were present. She was restless—had not slept—and was as uncomfortable as she well could be. The solution of sulphas morphiae, which had been usefully exhibited before, was now given, and brandy and water as before, and she soon became calm. The solution was to be repeated as previously. Was called again at 6, A.M., the 27th, but found no cause for alarm.

27th, 5, P.M. Mrs. — is much as before in regard to pulse, but the day, upon the whole, had been a tolerably comfortable one. Liquids of all kinds, except cold water, were rejected, as in fact they have been during most of the disease, and in the same manner, by eructations. A strong desire was expressed for some kind of solid food, as it would produce less flatus than liquids, and in very small quantities would answer a better purpose. Bread was asked for, and the request granted.

28th. Called early. Mrs. — delirious all night, making violent efforts to spring out of bed.—No sleep, and no pulse. Lower limbs cold. Head hot. Easier than in the night. A teaspoonful of solution, with directions to repeat if necessary. Called again about noon. Lost sight; soon after I left, she calling for a lamp. Dozed, and then fell into a sound sleep, soon accompanied by stertor. Draws up right lower limb, and straightens it again in a perfectly natural manner. Carries right arm over the head, resting it on the back of it, a common position in health both when awake and asleep—then placing it along her side. Left side motionless. No pulse. Surface colder. She sunk gradually, and died without any convulsive or other movement.

A word of managing the afterbirth. Different rules. One—and Denman's, I believe—says wait an hour after the child's birth before interfering. Others recommend a less delay. I knew a physician, now dead, who never waited, but at once proceeded to deliver. If nothing occurs to demand interference, it is better to wait for uterine action, and to solicit action by pressure and friction over the uterine tumor. But contractions may occur, quite as severe as during labor, and the afterbirth does not advance. Examine the uterine tumor; especially ascertain if displacement exist—inversion, for instance, or hour-glass contraction. Examine per vaginam, to learn the state of the os uteri—following the guidance of the cord. If the placenta be still in the womb, and the cord seem to spring from its centre, then pass a finger to its nearest edge, and bring it gently down—when sufficiently advanced, draw alternately by it and the placenta, and if no morbid adhesion exist, it will soon advance and be delivered. I have seen a case in which much embarrassment was felt, as the placenta did not advance with such force as seemed sufficient and safe. In this, the above method was successfully adopted. Suppose the placenta be not within reach, wait, unless hæmor-

rhage occur. If this come on, or is present, pass the hand and learn what is the cause of delay. Hæmorrhage depending only upon separation, learn where this exists, and make further separation in its direction, if this can be done.

*Remarks.*—The placenta is occasionally retained in consequence of adhesions, which all safe efforts for separation and removal cannot or do not overcome. Sometimes it disappears—at least no portion of it is discerned, though carefully looked for. I have met with one such case. This patient did perfectly well, and afterwards had a child without accident. I saw, in consultation, a case of retained placenta between two and three weeks after the child was born. The womb was found as high as before labor, its fundus resting at the epigastrium. It was cylindrical in form. Examination found the lower end of the placenta protruding somewhat from the os uteri. I drew it slowly away. No hæmorrhage. In shape it was perfectly cylindrical, and more than twelve inches in length. It was grayish in color, or mottled, dark and white. It was not decomposed. Mrs. —, who was very ill, with the severest symptoms of metritis, and peritonitis, died a few days after my visit. Examination discovered an abscess in the uterine substance, in the fundus, and at its upper portion; and a perforation in its centre through which pus had passed into the peritoneal cavity.

I have seen another case of chronic placental adhesion, in which the uterine substance had given way, and upon examination after death a portion of the placenta was found protruding, and lying broadly upon the peritoneal surface of the fundus uteri. Mr. Murdock, of Edinburgh, published, several years ago, a report of a case of retained placenta, for his patient had twins. The placentas and membranes were retained six weeks, during the whole of which time a solution of alum was injected into the womb; not on account of hæmorrhage (for there was none), but to prevent decomposition. When the placentas came away they were found to be as perfectly preserved as in any other well-made preparation.

It is asked, "Why was not the placenta removed in Mrs. —'s case?" The question is pertinent. In answer, it may be said that it was stated the placenta had been removed by Miss or Mrs. —, the alleged midwife. It had been drawn away with violence, and intense suffering; and, as was added, because Miss or Mrs. had on hand another case of labor. What this violence in degree was, may be inferred from the small but long, very hard, cylindrical mass which was ultimately expelled from the womb. It was but a small portion of the placenta, and had evidently been left in the hurry, and the force used for the removal of the organ, by the pre-engaged attendant. Attempts for the forcible removal of what was not supposed to be in the womb, under the circumstances of the patient, were abandoned as wholly contra-indicated. Mrs. — was often so low, that the smallest increased annoyance must have been fatal. Clear reaction had in no sense occurred. The same constitutional

symptoms were always present, or improvement was too slight and too transient to be depended upon. Then the exquisite tenderness of the os uteri made manipulation not only dangerous but absolutely cruel. Mrs. ——— was bearing with so much heroism—patience—absence of complaint, her heavy load of disease and suffering, that to add to it in any way, was forbidden. Then the close contraction of the os uteri—its hardness, and the hardness of the cervix, added force to the conviction that mechanical interference could do nothing but injury. These are the facts in this case, which, to the writer, put interference out of the question.

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ON CATARACT.—No. III.

[Continued from page 137.]

THE most favorable case of remnants of the lens, is when the cortical substance forming its edge remains behind in the fold between the anterior and posterior capsule in the shape of a ring, more or less entire, and is shut off from the influence of the aqueous by the union of the relics of the anterior capsule with the posterior. There remains what has been observed after death in many who have been successfully operated on, and which has been described as “krystall wulst,” and looked upon erroneously as reproduced lenticular substance. Less favorable is the case when the cortical substance forms a broader mass more or less extensive, and prevents, in some degree, the remnants of the capsule from withdrawing out of the region of the pupil, and presents a kind of secondary cataract. In these cases, generally, iritis follows, and in consequence union between the anterior capsule and the edge of the pupil, or even the entire closure of the pupil. Such uniting of the capsule to the edge of the pupil occurs very easily after extraction, often without any considerable symptoms of inflammation; consequently, it is very advisable, after taking off the bandage, to keep the pupil constantly, for from eight to fourteen days, somewhat dilated.

Although iritis involves the danger of partial or complete closure of the pupil, yet it may, by promoting the closing up of the opening in the capsule, preserve the eye from further swelling of the remnants of the lens and their deleterious consequences.

When larger pieces of lens have been left behind the iris opposite the corneal flap, or have been carried there by the aqueous flowing off from time to time, shortly after the operation, they may prevent permanent closure of the wound and union by first intention, and cause general inflammation with suppuration.

Generally, we hear only “suppuration of the cornea” spoken of. The process, however, needs a more careful examination. For in such cases it is not merely with suppuration of the cornea that we have to do; there is besides something else more important. It is not yet determined whether the destruction of the flap takes place

in consequence of deficient nutrition, or, what Arlt thinks more correct, because, owing to the bursting open of the corneal wound, there is developed irido-chorioiditis, with purulent exudation in the anterior chamber, and in the vitreous. Arlt has, for instance, observed that quite a similar condition of the cornea may occur also after simple puncturing of it, with iridectomy following.

When we observe early an eye in which this uncontrollable process has begun, it is not found that the corneal wound is open, and not even that the anterior chamber is obliterated, but purulent exudation lies at the periphery of the chamber, either merely behind the flap or also behind the other half of the cornea.

It has been established by various observations that when the pressure, either normal or increased, which the vessels of the eye sustain from the tension of the globe, is suddenly removed, irido-chorioiditis, with purulent exudation into the ocular cavities, may ensue.

It sometimes happens that the corneal flap becomes only cloudy and dull, while the other signs of irido-chorioiditis, with purulent exudation, are more pronounced, and finally give place to signs of the diminution of the size of the globe. Gradually, too, the cornea also shrinks, becomes smaller, clear, and wrinkled.

This saddest of all results may also be occasioned by other causes, especially by the bursting of the wound from external violence; but Arlt thinks that carefully tested observations justify the opinion that remnants of the lens of themselves are sometimes sufficient to account for it.

In many cases, the mass of exudation which unites the wound is merely distended by the increase of intraocular pressure from remnants of the lens, though generally the signs of slight iritis are also present. This distension may increase so as to form a somewhat cylindrical, hyaline, soft projection along the whole or a part of the wound.

Often the iris is pressed into the wound, after partial bursting of the latter; a prolapse of the iris is found, occupying more or less of the wound, and covered with the hyaline (cornea-like) mass, which at first served to unite the edges of the wound, but now sometimes increases abnormally, and causes the prolapse to appear farther forward than it really is.

Arlt has repeatedly, in cases of considerable prolapse, found remnants of lens after removing the summit; and in recent years two cases have occurred at the clinic, in which lenticular substance directly behind or near the prolapse was pressed forward and gradually cast off.

Generally, cases with prolapsed iris result favorably if left to themselves, and sufficient quiet is allowed to the mass covering the iris in order to contract, and so gradually to push back the iris. Only in case of constant irritation from friction against the edge of the lid, of persistent deep redness of the neighboring sclerotica, or

when the prolapse is so great that it appears narrower at the base, as if constricted, Arlt recommends removal or repeated puncturing. The bend of the cornea, which at first disturbs vision so much, gradually disappears without permanent bad effect. In general, the pupil, though drawn towards the wound, becomes remarkably clear, free from every trace of the cataract. Yet in cases of very great prolapse, the pupil easily gets quite closed; and then, when subsequently recourse is had to iridectomy, there is found stretched out behind the iris a turbid, more or less thick and rigid diaphragm, which entirely frustrates the effect of the iridectomy.

We have thus far considered those injurious consequences which may be induced by the swelling up of remnants of the lens. The question, however, occurs, whether injury may not accrue from them to the eye in some other way; for instance, from chemical or mere mechanical irritation of the iris and cornea. It must be granted that the lenticular substance may possibly react quite differently when out of the capsule from what it would when enclosed in the capsule. After the operation of discision, if small particles of the lens have passed through the pupil into the fold between the iris and cornea, partial redness of the neighboring part of the sclerotic with symptoms of general irritation (photophobia, lachrymation, often also pain) ensue, and do not cease till after the absorption of the piece of lens. Why should not the same thing take place also from remnants of lens after extraction?

In cases of over-ripe cataracts, those in which the lens is wholly or partially broken down and changed into a milky fluid, Arlt has repeatedly noticed an unsuccessful result without finding other cause than that perhaps some of the milky fluid or of the globules suspended in it remained behind, and induced inflammation of the iris or of the iris and choroid. This supposition led him recently, after extraction of such a cataract, before putting on the bandage, to drop some tepid water between the lids. This case progressed very favorably. Further trials must decide it.

[To be continued.]

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#### REPORT OF THE COMMITTEE OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY, ON THE SUBJECT OF SUSPENDED ANIMATION.

THE inquiry was conducted—

By means of experiments upon living animals;

By means of experiments upon the dead human body.

In investigating anew the subject of apnoea by means of experiments on the lower animals, it seemed expedient to observe, in the first place, the principal phenomena of apnoea in its least complicated form—namely, when produced by simply depriving the animal of air.

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The principal facts to which attention was directed during the progress of the apnoea thus induced were—

The duration of the respiratory movements;

The duration of the heart's action.

The duration of the heart's action was observed—

(a) In relation to the duration of the respiratory movements.

(b) In relation to the time after the stoppage of the breathing.

From the experiments performed it appeared that in the dog, the average duration of the respiratory movements after the animal has been deprived of air is 4 min. 5 sec., the extremes being 3 min. 30 sec. and 4 min. 40 sec. The average duration of the heart's action is 7 min. 11 sec., the extremes being 6 min. 40 sec. and 7 min. 45 seconds.

From these experiments it appears that on an average the heart's action continues for 3 min. 15 sec. after the animal has ceased to make respiratory efforts, the extremes being 2 min. and 4 min. respectively.

Rabbits on an average ceased to make respiratory efforts in 3 min. 25 sec. Their heart's action stopped in 7 min. 10 sec.; consequently the interval between the last respiratory effort and the cessation of the heart's action was 3 min. 45 sec.

The next question investigated was—the period after the simple deprivation of air at which recovery is possible, under natural circumstances, without the aid of any artificial means of resuscitation.

The experiments performed led to the conclusion that a dog may be deprived of air during 3 min. 50 sec., and afterwards recover without the aid of artificial means; that a dog is not likely to recover, if left to itself, after having been deprived of air during 4 min. 10 sec.

The force of the inspiratory efforts during apnoea was observed in the experiments to be so great that it was determined to measure them. They were found to be capable, in the dog, of raising a column of mercury four inches. It appeared, moreover, that their force increases up to a certain period.

In other experiments, plaster of Paris, and even mercury, were thus drawn upwards into the minute bronchial tubes.

It is easy to understand, therefore, how foreign bodies may be drawn into the lungs in cases of drowning, and the importance of this fact in the consideration of the pathology and treatment of apnoea.

The Committee next passed on to the subject of drowning.

The first question investigated was—For what period can an animal be submerged, and yet recover without the aid of artificial means?

It was found as the result of numerous experiments on dogs that, in striking contrast to the previous ones, 1½ minute's immersion in water suffices to destroy life.

Other experiments satisfactorily showed that the difference of

time between simple apnoea and that by drowning is not due to submersion, or to depression of temperature, or to struggling, but that it is connected with the fact, that in the one case a free passage of air out of the lungs, and of water into them, is permitted; in the other, the exit of air and the entrance of water are prevented.

There can be no doubt, from other considerations put forward, that although both these circumstances are concerned in producing the difference observed, yet that it is mainly due to the entrance of water and the effects thereby produced.

The treatment of apnoea was next considered.

For conclusions respecting artificial respiration, the Committee refer to the second portion of the Report.

Many other methods of resuscitation which have been recommended were employed, including actual cautery, venesection, cold splash, alternate application of hot and cold water, galvanism, puncture of the diaphragm.

Although some of the above means were occasionally of manifest advantage, no one was of such unequivocal efficacy in a sufficient number of cases as to warrant the Committee in specially recommending its adoption.

The experiments upon the dead subject were made with a view to determine the value of the various methods which have been employed for alternately compressing and expanding the cavity of the chest in such a manner as to imitate the natural movements of the thoracic walls in breathing. The following methods have been investigated :—

1. Pressure exerted by the hands on the anterior wall of the thorax, the body being in the prone posture. Such pressure has for its object, to expel a portion of the air contained in the chest; on relaxing the pressure, the chest expands and air enters.

2. The postural, or so-called "ready" method, described by Dr. Marshall Hall, consists essentially in "turning the body gently on the side and a little beyond, and then briskly on the face alternately;" and in making pressure along the back of the chest each time the body is brought into the prone position.

3. The method of Dr. Silvester, in which the action of the pectoral and other muscles passing from the shoulders to the parietes of the chest in deep inspiration is imitated. An inspiratory effort is produced by extending the arms upwards by the sides of the head; on restoring them to their original position by the side of the body, the expanded walls are allowed to resume their previous state, and expiration takes place, the quantity of air expelled being in proportion to that which had been previously inspired.

It being necessary to measure the flow of air in and out of the respiratory cavity under conditions of pressure closely resembling those which exist in natural respiration, no means of measurement could be used, which, in its working, would offer any appreciable resistance to the passage of air. With this consideration in view, an instrument designed by Dr. Sanderson was employed.

## GENERAL RESULTS.

1. As regards the volume of air which can be expelled from the thorax by compression of its walls, and inspired by the elastic expansion consequent on relaxation of the pressure, it was found—

(a) That pressure by both hands on the lower third of the sternum in the adult male subject usually displaced from 8 to 10 inches of air.

The pressure actually exerted amounted to about 30 lbs. It was, therefore, not greater than might be safely applied to the living subject. The volume of air expelled varied from 8 cubic inches to 15 cubic inches.

(b) That pressure made in the same manner on the upper part of the sternum usually displaced 2 or 3 cubic inches less than pressure on the lower part.

(c) That pressure exerted by one hand on the upper part, by the other on the lower part of the sternum, produced about the same results as were observed in *a*.

In this case the whole amount of pressure did not exceed that exerted in *a*.

(d) That the pressure of a weight laid on the lower third of the sternum produced similar results according to its amount.

(e) That lateral pressure exerted on the ribs or costal cartilages of both sides simultaneously was in no instance more effectual.

(f) That compression by a broad bandage encircling the chest, the ends of which were crossed over the sternum, and drawn in opposite directions by two persons, produced no greater effect than pressure with the hands on the sternum or sides.

2. As regards the whole amount of exchange of air produced by the method of Dr. Marshall Hall, "to imitate respiration," it varied much, according as the subject was favorable or the contrary; sometimes not exceeding a few cubic inches, but never exceeding 15 cubic inches.

3. As regards Dr. Silvester's method, it was found, that on extending the arms upwards, a volume of air was inspired into the chest, which varied, in different subjects, from 9 to 44 cubic inches, and it was observed that the results obtained in successful experiments on the same body were remarkably uniform, in which respect, as well as in their amount, they contrasted with those obtained by the method of Dr. M. Hall. On restoring the arms to the side, the quantity of air expelled was generally nearly equal to that previously inspired, occasionally less.

In the treatment of apnoea generally, the Committee offer the following suggestions:—

That all obstruction to the passage of air to and from the lungs be at once, so far as is practicable, removed;—that the mouth and nostrils, for example, be cleansed from all foreign matters or adhering mucus.

That in the absence of natural respiration, artificial respiration



by Dr. Silvester's plan be forthwith employed in the following manner:—The body being laid on its back (either on a flat surface, or, better, on a plane inclined a little from the feet upwards), a firm cushion or some similar support should be placed under the shoulders, the head being kept on a line with the trunk. The tongue should be drawn forward so as to project a little from the side of the mouth. Then the arms should be drawn upwards until they nearly meet above the head (the operator grasping them just above the elbows), and then at once lowered and replaced at the side. This should be immediately followed by moderate pressure with both hands upon the lower part of the sternum. This process is to be repeated twelve or fourteen times in the minute.

That if no natural respiratory efforts supervene, a dash of hot water (120° Fahr.) or cold water be employed, for the purpose of exciting respiratory efforts.

That the temperature of the body be maintained by friction, warm blankets, the warm bath, &c.

In the case of drowning, in addition to the foregoing suggestions, the following plan may be in the first instance practised:—Place the body with the face downwards, and hanging a little over the edge of a table, shutter, or board, raised to an angle of about thirty degrees, so that the head may be lower than the feet. Open the mouth and draw the tongue forward. Keep the body in this posture for a few seconds, or a little longer if fluid escapes. The escape of fluid may be assisted by pressing once or twice upon the back.

[Signed by the Committee of eight, C. J. B. WILLIAMS, Chairman.]

Dr. C. J. B. Williams said, that if the subject of suspended animation and its treatment appeared to be one of the greatest importance when the Committee were appointed for its investigation, the result of their labors did not make it less so; for during their researches several new points of both physiological and practical interest had arrested their attention. The Report just read contained a large mass of facts bearing on the subject, and these facts would be fully appreciated when they should be maturely considered; but the members of the Committee thought it might be acceptable to the Society if one of their body were to give a short summary of some of the most striking results. He (Dr. Williams) had been requested to do this since he entered the room, and not having been previously aware of the office which would devolve on him, he was not prepared to go fully into details; but he believed that he was sufficiently acquainted with the general results of the experiments to be enabled to give a summary of their most important features. He would premise that he could take no merit to himself with regard to the experiments which had been so ingeniously devised and laboriously carried on by other members of the Committee. He had been present at very few of the experiments themselves; but, as chairman of the Committee, had merely assisted in receiving and completing the reports from the sub-committees. The Committee, hav-

ing to consider the subject of "Suspended Animation," directed their inquiries to the kind of interference with life which results from stoppage of the breath in suffocation, strangulation, and drowning. The first series of experiments was to investigate the result of simple apnoea, or stoppage of the breath; and for this purpose the trachea of animals was opened, and a tube inserted so as to command the supply of air; and this tube being furnished with a stop-cock could be closed, and the results noted, especially these:—After the closure of the tube, 1, how long respiratory efforts continue; 2, how long the heart's action continues; 3, how long the heart beats after the breathing efforts cease. The experiments show a considerable variety of result; but, as a general average, it may be stated that in dogs efforts at breathing continued a few seconds more than four minutes after the closure of the tube; and the heart's action three minutes and a quarter longer. The duration and force of these respiratory efforts, in an animal deprived of air, were not more remarkable than important as indicating the period within which an animal deprived of air could recover; and this was found to be almost, but not quite, as long as the duration of these efforts—that is to say, a dog deprived of air four minutes only, would recover; but if the exclusion of air lasted ten seconds longer, he did not recover. The extraordinary force of these struggles for breath was shown by plunging the end of the tube into mercury; when it was found that the inspiratory effort sometimes raised a column of four inches of mercury, and, if the tube was shorter, would draw the quicksilver in considerable quantities into the bronchial tubes and air-cells of the lungs.

The next subject of investigation was suspended animation from drowning; and here the experimenters soon found a remarkable difference in the greater rapidity of the death, and the shorter time during which life is recoverable. An animal simply deprived of air for four minutes may recover; but one immersed in water for one minute and a half is irrecoverably dead. Recovery took place in several cases where the immersion lasted one minute and fifteen seconds; but fifteen seconds more made all the difference. The experimenters proceeded to search into the cause of this peculiarly destructive operation of drowning, as compared with simple privation of air; and very soon they were enabled to trace it to the action of the water itself, forcibly drawn into the lungs by the respiratory struggles of the animal. Two dogs were plunged into water, one having its trachea closed by a stop-cock at the moment of immersion. The dog with the trachea free was taken out in two minutes, irrecoverably dead. The other, with the trachea closed, was taken out at the end of four minutes; the trachea was opened, and in the course of a few seconds the animal began to gasp, and soon recovered. Another mode of diminishing the inspiratory struggles of the animal was by stupefying it with chloroform before immersion in water, and it was actually found that recovery took place

after two minutes and fifteen seconds' immersion. On this point he (Dr. Williams) adverted to a popular opinion, that it was more difficult to drown a drunken man than one who is sober, as having some foundation on this fact, that insensibility of any kind retards the fatal influence of drowning by diminishing those violent struggles for breath which, by forcing water into the lungs, soon put the case beyond recovery. But nothing so fully pointed out the extent and nature of the fatal influence of water in the lungs as the appearance of these organs in drowned animals as compared with those killed by simple apnoea. In the latter the air-passages remained free from all secretion or effusion, and the lungs themselves were light and buoyant, and contained remarkably little blood. Now this is contrary to what is generally described as the state of the lungs in asphyxia; and probably in ordinary cases, where death is not sudden, but prolonged, more or less engorgement may take place. But here there was no engorgement or obstruction, and it is not wonderful that animals would recover more readily. But when drowned animals not only were all the air-passages choked with frothy fluid, and that fluid generally more or less bloody, but the whole lungs were always highly engorged with blood, so that they were heavy, dark-colored, pitted on pressure, and on being cut, exuded an abundance of blood-tinged fluid with many air-bubbles in it. On this subject he would make two remarks on his own responsibility, apart from his office in the Committee. One was, How opposed these observations and conclusions are to those many years ago propounded by Goodwyn in his treatise on Suspended Animation, whose opinions have generally been adopted to the present time. Goodwyn concluded from his observations, that water never to a harmful extent enters the lungs of the drowned, and he deprecated a popular practice of hanging up a drowned person by the heels, let the water run out. He (Dr. Williams) was by no means so that, as Dr. Goodwyn was certainly wrong in his pathology, so modification of the popular practice may not be beneficial. The other remark related to the mode in which the water which got into the lungs of the drowned proved so rapidly and extensively injurious. No doubt much was due to its mechanical pressure on the vessels and cells, forming an impervious barrier to the readmission of air; but this would not account for the extraordinary increase of blood in the lung, and its transudation into the air-tubes. He believed the injurious influence of water to be due to its chemical power of acting by endosmosis on the blood within the capillaries of the lung, swelling up and bursting the blood-corpuscles, and causing a rapid accumulation in the organ, and their extravasation into the bronchial tubes. This was a subject for further experimental investigation, and he thought it one of great importance, as bearing on the action of water as a noxious or a therapeutic agent. He would not detail the various means of resuscitation which were tried by the committee, but the results of the trials were not such as to induce the Com-

mittee to recommend them strongly for general adoption. Various instructive experiments were made on different modes of performing artificial respiration, and the most conclusive of these had reference to the so-called "ready methods" of Dr. Marshall Hall and Dr. Silvester. One of their Committee (Dr. Sanderson) contrived the apparatus & the table for measuring the air which could be forced out of it in the lungs of a dead body by these methods of artificial respiration and the general result was, that by Dr. Hall's method the quantity of air moved in and out of the lungs rarely reached nine cubic inches, and never exceeded fifteen; whereas by Dr. Silvester's plan an interchange of forty cubic inches was effected; and when this method was further improved by alternating the drawing up of the arms, with depressing them, and with pressure on the lower part of the sternum, the expelled air was as much as fifty cubic inch. So far, then, as these experiments go, they show a great superiority of Dr. Silvester's over Dr. Marshall Hall's "ready method."

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, SEPTEMBER 25, 1862.

THE following communication relates to a matter of such pressing importance, that we depart from the usual order of our JOURNAL to give it immediate publication. We trust that it may receive from the medical profession, and the community at large, that high consideration to which the source from which it proceeds entitles it.

At a meeting of the Boston Society for Medical Improvement, held Sept. 22<sup>nd</sup> 1862, Dr. BOWDITCH remarked as follows:—

"I dire to bring before the Society a subject of great importance to the future welfare of our wounded soldiers; although, at first sight, it may not seem exactly appropriate for a meeting of this Society.

"During my recent visit to Washington with other physicians, summoned there by the Secretary of War, I was brought immediately in contact with the abominable system, or rather no system, of ambulances now in use in our army. The atrocities I saw committed, are, I think, sufficient reason for bringing the subject before you, in order that either by the individual effort of the members or by the united action of the Society, public opinion may be made so strong as to force the Government to devise some plan more in accordance with common humanity, and more truly military in its discipline.

"On the evening of Friday, Sept. 5, at the request of the Surgeon-General, I joined an ambulance train that was just starting to go to the relief of our starving and wounded men near Centreville. There was a train of fifty carriages. I subsequently learned that three of the drivers, afraid of entering the enemy's lines, escaped with their ambulance wagons, before we reached Long Bridge. This was easily accomplished, as there was no escort, and, as it subsequently appeared, no power to prevent such an event. It is true that an army surgeon accompanied and gave general direction to the train, but he was

on the first wagon, and could not know what was doing towards the end of the long train. I soon perceived that the drivers were men of the lowest character, evidently taken from the vilest purlieus of Washington, merely as common drivers, and for no other qualification. Their oaths were flaunted forth without the least regard to the presence of superiors, and with a profusion that was really remarkable even in the vicinity of Washington. The driver of my ambulance became sleepy as the night wore on, and as his zigzag course, over a Virginia road, was rather perilous, and as he informed me that he had been overturned a few weeks previously, I thought it more prudent to drive myself, rather than to allow him to do so. While the moon was up, this was comparatively easy. He accordingly slept *inside of the carriage* until 3 or 4, A. M. He then reluctantly again took the reins, because I was unwilling, owing to the darkness, to drive further. His whole deportment during the night showed a disregard for everything save his own comfort.

"Early in the forenoon, however, appeared on the part of the drivers of nearly one half the train a total want of discipline, and a forgetfulness of the object and character of our mission that seemed to me atrocious. Suddenly I perceived one half of the train was stopping, and all the drivers, leaving their carriages, rushed into an adjacent field, and there spent some minutes in stoning and shaking the trees in an apple and peach orchard; and all this in the presence of part of the family of a Virginia planter! These individuals made no resistance. They apparently thought it would be of no use, for over all this road had the two armies swept again and again. In vain I pleaded that we were breaking the sacredness of the flag of truce—that we richly deserved death for thus plundering private property. In vain I urged the inhumanity of leaving our suffering, starving soldiers, in order to fill their own greedy stomachs. I appealed to one of the three leaders who rode on horseback, and pretended to be the leader of the train. He only smiled a smile of ineffable contempt, and munched his stolen apple with perfect *nonchalance*. Meanwhile the flag of truce was lost afar off in the distance, and our party was obliged to drive for some time with great rapidity in order to overtake it. Just as my carriage started, a heavy stone struck it not very far from my head. It had evidently been hurled and *justly hurled* at us for our infamous conduct. I remarked that hereafter I should know why our ambulances were fired upon by the enemy. The only answer I obtained was an oath.

"About mid-day we arrived, and found our men in a most piteous condition, lying every where, inside and outside of every building connected with a small farm house. The negro quarters was a palace, the manure heap was a soft bed. The fairest place was under a wide-spreading tree. I found the drivers did not feel it to be their duty to help the sufferers, but sulked or swore or laughed, as it pleased each. On the following morning, it is true, I did persuade my own driver to bring to me water, as I was dressing the wounds of the soldiers, but it was difficult even to get that, and he aided me because I asked him to do so, and not because he had any heart in the work.

"On Saturday, P.M., we started for Washington—all the sick having been arranged in different ambulances under charge of various surgeons. That night I shall never forget. I had taken one of those most severely wounded under my own special charge. The ball had

passed into his chest and caused intense difficulty of breathing. He was a German, and one of the most uncomplaining of sufferers—and his broken words of gratitude for the slightest token of kindness were most touching. None but a brute could have failed to be kind to him. He could lie only on one side, and consequently his head was placed directly behind my driver. During the first part of the way I did not think that the driver paid the least attention to the road with reference to the comfort of the patient. In early night his tongue ran glibly on, in loud indifferent talk or the vilest profanity—thus preventing all sleep. As the night progressed, I was distressed to find that the whiskey with which he probably had supplied himself was having its usual soporific effect, and he fell back upon the panting form of my patient. I lifted him up, and told him I could not allow such treatment of the sick man. The only response I got was a muttered oath of “men complaining,” &c. But it was all in vain; again and again did he fall back, until at last I took the reins and drove most of the night with one hand, while with the other I supported this snoring drunkard!

“Of course, I repeated all these facts in a letter to the Surgeon-General. He assured me that I could not tell him anything new—that he had months since foretold to the Secretary of War the horrors that would occur with such a set of wretches, as usually were found in a body of ambulance drivers—that he had vainly endeavored to obtain *some system*, but there was none now. The whole of the ambulances are under the Quartermaster’s department. He (the Surgeon-General) had not the control of a single carriage. All his efforts had been in vain.

“I want now,” continued Dr. Bowditch, “through this Society, to create a public sentiment that will compel the Government to attend to this matter, and to have a real ambulance corps. Dr. Hammond (the Surgeon-General) is not wedded to any plan—but he has suggested the appointment of six ambulances to each regiment, and three men to each ambulance—viz., one driver and two assistants. The latter would take the wounded in a careful, methodical manner, from the field. This would prevent, in some measure, the soldiers from leaving their ranks, and would likewise be more humane for the wounded. All the corps would be under strict military discipline. But I repeat, all that is desired is that *some* plan be adopted. Now all is chaos. I make no motion on this matter, but leave these facts before the Society, hoping that they will, in some way, tend to relieve our suffering soldiers.”

Dr. J. MASON WARREN moved that Dr. Bowditch be requested to reduce his remarks to writing, and that the facts be laid before the public in the journals of the day.

Dr. H. W. WILLIAMS moved that Dr. Bowditch be a Committee to report some plan of address to the Secretary of War, to be sent by the Physicians of Massachusetts, in furtherance of some plan for the establishment of a United States Ambulance Corps.

FRANCIS MINOT, *Sec’y.*

S. L. ABBOT, *Chairman of Meeting.*

**POLICE EXEMPTS FROM MILITARY DUTY — ACTION OF THE BOARD OF ALDERMEN.**—We notice that the Board of Aldermen have passed a resolution, that any policeman obtaining a certificate of exemption from enrolment for military duty is unfit for service in the police. We

cannot but regard this decision as hasty, unwise, and in many cases most unjust. We speak from positive knowledge when we say, that a policeman may in various ways be unfit for military duty, under the regulations of the United States service, and yet be every way competent to act in his civil capacity. For instance, a police officer may be wanting in a good set of teeth, he may have a hernia which is kept up by wearing a truss, or he may have varicose veins which he is able to support sufficiently well by means of a laced stocking, or he may have ankylosis or contraction, or mutilation of one or more of his fingers—and we might go on and enumerate many more slight defects, which are very serious objections to a man's entering the army, and yet do not at all interfere with a faithful performance of his duties in the service of the city. All such men, according to the action of the City Government, must be discarded or run the risk of being drafted and making incompetent soldiers. This is certainly wrong. Each case should be judged on its own merits. If a man fails in the performance of his duties by reason of bodily defects, by all means replace him with another more able, for we want none but competent public servants; but it is only a gratuitous act of cruelty to eject a faithful officer for no other reason than the general fact that he has obtained a certificate of exemption from military duty. It should be remembered that any disability from bodily infirmity which withdraws an officer from duty throws him upon his own resources; he does not become a public charge, as a disabled soldier does. We sincerely hope the City Government will recede from the position which it has, as we think, most unadvisedly taken.

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LUMBAR ABSCESS AGAIN.—*Mr. Editor*,—In writing the account of a lumbar abscess published in your issue of the 18th instant—last week, I desired to be brief. I am very sorry to find that by being so, I was exposing myself to such unpleasant criticisms.

I am not altogether unfamiliar with the diagnosis and the phenomena usually attending these abscesses, nor with the writings of Abernethy and other eminent authors in regard to them. I well know that the early opening in this case was not in accordance with their teachings, and for that reason was led to invite the attention of my professional brethren to the happy results attending and following it. I well know, too, that the symptoms in this case were somewhat unusually acute, but it did not occur to me that any one could call in question the propriety of calling so large an abscess, situated where that was, a "lumbar abscess," notwithstanding the well-known prevalent opinion among surgeons, of late years, that these abscesses are always connected with caries of some portion of the spinal column.

Whether in this case there was any actual caries, I have ever had much doubt, but have never doubted that if the pus had been allowed to work its own way to near the surface, the patient would have sunk with all the symptoms usually attending such cases, including the accustomed degeneration of the pus. I might here add, that, from some pains extending their way down into the internal iliac region, and other symptoms which the patient began to complain of, and from the great depth and the texture of the parietes over the tumor, I feel quite sure that the pus would have worked its way down along the psoas muscle if it had not been for the early opening..

Nor did it occur to me that in making a statement of facts to scientific men it was necessary to say *expressly* that the puncture was made over the central part of the tumor and directly towards its centre; nor that it was necessary to say *expressly* that the depth to which the instrument penetrated before reaching the pus was *not* left to the imagination at all, but was made a matter of the most careful measurement, and noted at the time. I will now add that I subsequently reassured myself of the correctness of my first measurement, by the careful introduction of a silver probe and other instruments. It could not have been more than one eighth of an inch less than three inches. I will also here state that on carefully introducing a silver probe, and after that a grooved director from my pocket case, I found them to enter *four and three fourths inches* before reaching the deepest—the most distal side of the sac; the diameter of the sac at this part being full one and three fourths inches.

It did not occur to me that a more particular description of the "small exploring trocar" used was called for. The instrument was "a long slender threadlike trocar (less than one sixteenth of an inch in diameter), with a wire stilet passing through it." Surely no one who has been accustomed to the use of this instrument, or has even read what Professor J. Y. Simpson (see Braithwaite, part 40, page 205) and other good authorities have said in reference to its use, would ever speak of the introducing of *such* an instrument into the "central" part of *such* a tumor as unwarrantably "plunging a trocar."

The occurrence of "constitutional" disturbance from so slow and gradual a discharge of matter from so deep an abscess and through so small an opening, was surely not to be expected.

I beg you will have the kindness to lay the above explanations and additional facts before your readers.

In conclusion, I would again ask—

1st. Have I probably seen the last of it?

2d. Did I reason and act wisely in opening it as early as I did, and in the *manner* I did? Yours, &c. S. T.

Andover, Sept. 22, 1862.

**VITAL STATISTICS OF BOSTON.**  
FOR THE WEEK ENDING SATURDAY, SEPTEMBER 20th, 1862.  
DEATHS.

	Males.	Females.	Total.
Deaths during the week, . . . . .	47	39	86
Average Mortality of the corresponding weeks of the ten years, 1851-1861, . . . . .	46.1	44.4	89.5
Average corrected to increased population, . . . . .	..	..	99.88
Deaths of persons above 90, . . . . .	..	0	0

*Mortality from Prevailing Diseases.*

Ephthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Variola.	Dysentery.	Typ. Fev.	Diphtheria.
12	13	2	1	0	1	4	2	0

PAMPHLETS RECEIVED.—Medical Communications with the Proceedings of the Seventieth Annual Convention of the Connecticut Medical Society, held at Bridgeport May 28th and 29th, 1862.

DEATHS IN BOSTON for the week ending Saturday noon, September 20th, 86. Males, 47—Females, 39. Accident, 2—apoplexy, 2—disease of the bowels, 1—inflammation of the bowels, 2—disease of the brain, 2—brouchitis, 1—cancer, 2—cholera infantum, 13—consumption, 12—convulsions, 4—croup, 2—diarrhoea, 2—dropsy, 1—dropsy of the brain, 2—dysentery, 4—scarlet fever, 1—typhoid fever, 2—hemorrhage, 2—disease of the heart, 4—infantile disease, 6—intemperance, 3—disease of the liver, 1—marasmus, 4—old age, 1—paralysis, 1—scalded, 1—smallpox, 1—teething, 2—unknown, 6.

Under 5 years of age, 46—between 5 and 20 years, 3—between 20 and 40 years, 17—between 40 and 60 years, 12—above 60 years, 8. Born in the United States, 60—Ireland, 21—other places, 5.



## MEDICAL JOURNAL ADVERTISING SHEET

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Sept. 23 Consulting Physician

**GARRATT ON MEDICAL ELECTRICITY.**—Embracing electro-physiology and meteorology; description and uses of the different currents obtained from various kinds of Batteries; "Electro-Therapeutics," showing clearly, yet limiting those classes of nerve-affections, and of joint and muscle diseases, to which this treatment is adapted; methods of application, &c. By ALFRED C. GARRATT, M.D. Second Edition. Pp. 700. 100 Illustrations. Price, \$3.00.

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**DOUGLASS'S NEW PATENT ARTIFICIAL LIMB.**—Is receiving the attention and recommendation of the most distinguished Surgeons throughout the country. The large number of persons in all professions using it, and the rapidly increasing demand, are indications of its superiority over other substitutes. Radically differing from all others in its construction and articulations, combining the most scientific mechanical and anatomical principles, it possesses great strength, lightness, durability, and a successful imitation in form, color, finish and movement of the natural limb. Perfectly adapted to every form of amputation, many persons wear them who have lost both legs.

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Sept. 26—17

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Specimens of the Elixir, together with the formula, will be furnished physicians upon request.

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Jan. 9—17

**DR. J. H. DIX** has removed to Boylston, corner of Tremont street, and attends exclusively to DISEASES OF THE EYE AND EAR.

Dec. 24, 1857.

**DR. HASKET DERBY,**  
No. 6 Beacon Street,  
Gives his exclusive attention to Diseases of the Eye. Office hours, 9 to 11 A.M., and 4 to 6 P.M.  
Dec. 26—17

**ALBANY MEDICAL COLLEGE.**—The next annual course of lectures will commence on the first Tuesday in September, and continue *several weeks*. Degrees will be conferred at the close of the Session, and also in June. Fee for full Course, \$65. Graduation fee, \$20.

Materials for dissection are abundant, and furnished to Students on reasonable terms at any similar institution in the country. A spacious Hospital has been opened nearly opposite the College, to which Students are admitted free of charge.

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Boarding, from \$2.50 to \$3.50 per week.

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JOHN V. P. QUACKENBUSH, M.D., Prof. of Obstetrics and Diseases of Women and Children.

J. V. P. QUACKENBUSH, *Reg'r.*

Albany, May 8, 1862. if

**RETREAT FOR NERVOUS INVALIDS.**—At *Pepperell, Mass.*—The undersigned, having taken the Establishment for many years occupied by the late NICHOLAS CUTLER, M.D., as a Retreat for Nervous Invalids, will continue to receive patients as heretofore. We are pleased to refer such to Luther V. Bell, M.D., *Charlestown, late of the McLean Asylum.*

Chas. B. Ware, M.D., No. 1 West st., Boston,

Ed. J. Davenport, M.D., 20 Bedford st.,

J. A. Wood, M.D., Marlboro' Hotel, "

Chas. F. Jones, Esq., 35 State st., "

JAS M. STICKNEY, M.D.

Pepperell, Oct. 18, 1860. Jan 9, '62—177.

**DR. DAVIS'S INSTITUTE.**—corner of 31th st. and Madison Avenue, New York. This institution is established for the purpose of carrying out, in the most appropriate manner, the treatment introduced by the undersigned for diseases and injuries of joints, including *old dislocations*, and deformities.

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The Institute is arranged with all the comforts of a private family home, without any of the repulsive accompaniments of a hospital. Further particulars obtained by applying to HENRY G. DAVIS,

Sept. 11—104 210 Madison Av., New York.

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**NEW WORK ON DISEASES OF THE EYE.**

—A Practical Guide to the study of Diseases of the Eye; their Medical and Surgical Treatment. By HENRY W. WILLIAMS, M.D. The author has endeavored to present a concise and serviceable description of these diseases; simplifying their classification, and avoiding, as much as possible, the numerous technical terms which have tended to render a knowledge of these diseases a difficult acquisition to the general practitioner.

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## MEDICAL JOURNAL ADVERTISING SHEET.

**MASSACHUSETTS MEDICAL SOCIETY.—**  
**COUNCILLORS'S MEETING.**—A Stated Meeting of the Councillors of the Massachusetts Medical Society will be held at the Room in Temple Place, Boston, on Wednesday, Oct. 1st, at 11 o'clock, A.M. F. MINOT, *Rec. Secretary.*  
 Sept. 18—2t

**A GOOD CHANCE FOR A PHYSICIAN.**—A Physician in Western Massachusetts, enjoying a Practice of from \$200 to \$250 per annum, in a flourishing village on the Western Railroad, is desirous of disposing of his Practice to an enterprising physician only.

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**REMOVAL.** **DR. CHANNING.** 39  
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**A PRACTICAL ESSAY ON ANEURISM.** By William-Edward Coale, M.D., Librarian of the Mass. Med. Society, &c. &c. The above work has appeared in the pages of the Med & Surg. Journal, but is now published in a neat 8vo pamphlet of 72 pp. It contains the Natural History of Aneurism, Constitutional Treatment, Caustics applied to the Sac, Galvano Puncture, Ligation, Compression of the Artery, Aneurism of the Bine and Aneurismal Varix. For sale at this Office, and copies sent by mail, postage paid, for 25 cts.

A few copies of Dr. Coale's Treatise on the Causes, Constitutional Effects and Treatment of Uterine Displacements, are still on hand, and will be sent by mail, for the same price, 25 cts. Ap 34

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The next Annual Course of Lectures will commence on Monday, October 20, 1882, and will terminate in the early part of March, 1883.

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 HORACE GREEN, M.D., LL.D., Emeritus Prof. of Theory and Practice of medicine.

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WM. BALSER, M.D., Assistant to the Prof. of Infantile Pathology.

F. S. SNEDDEN, Janitor.

A preliminary term will commence on Monday, Sept. 18th, and continue until the Regular term begins. This course will be *GRATIS* to those students who intend taking a full winter Course, and will be as follows:—

On Amputations, by Prof. CARNOCHAN.

Gun-shot Wounds, by Prof. RAPHAEL.

Pregnancy, by Prof. BUDD.

Anatomy and Physiology of the New Born, by Prof. JACOBI.

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Anatomy of the Regions, by Prof. SMITH.

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PROF. B. I. RAPHAEL, M.D.,  
 Dean of the Faculty, 91 Ninth Street.

\* Prof. Browne, having received the appointment of Brigade Surgeon, has resigned the chair of Physiology. The chair is now vacant, but will be filled before the commencement of the Course.

Aug. 14—

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY  
SAMUEL L. ABBOT, M.D.

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## HARVARD UNIVERSITY. MASSACHUSETTS MEDICAL COLLEGE.

THE annual course of Medical Lectures of Harvard University will commence at the Massachusetts Medical College, in North Grove st., Boston, on the first Wednesday of November, 1862. The regular course will be as follows:—

Obstetrics and Med. Jurisprudence by Professor D. HUMPHREYS STORER, M.D.	
Morbid Anatomy by . . . . .	JOHN B. S. JACKSON, M.D.
Clinical Medicine by . . . . .	HENRY I. BOWDITCH, M.D.
Anatomy and Physiology by . . . . .	OLIVER W. HOLMES, M.D.
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Demonstrator, DAVID W. CHERVER, M.D.

Clinical Medical and Surgical Instruction will be given at the Massachusetts General Hospital, with Surgical Operations.

Collateral special medical instruction will also be given at the Hospital by Lectures and otherwise, by Drs. Bowditch, Abbot and Ellis.

Abundant material is afforded for the study of Practical Anatomy. The Room devoted to this department is open day and evening, and lighted by gas.

Fees for the Lectures, \$80; Matriculation fee, \$3; Graduation fee, \$20.

Good Board can be obtained at \$2.50 to \$5.00 per week. Boarding places provided on application to the Janitor at the College.

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D. HUMPHREYS STORER, *Dean of the Faculty,*  
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Aug. 7, 1862—tL

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July 31.

**FOR SALE**, on very liberal terms, the owner going abroad, one of the most desirable situations in the Province of New Brunswick, with a Practice worth from \$3,500 to \$4,000 per annum. The lot contains six acres, with dwelling house and all necessary out-buildings. Furniture, horse and buggy, office and contents, will be sold without the Estate. Possession given 1st November. Apply to

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July 31, 1862.

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Hon. F. McPhelim, Buctouche, Kent.  
Rev. James Law, Kingston, Kent.

Aug. 7-21-Steew

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Jan. 9-1f

**RENSSELAER POLYTECHNIC INSTITUTE, Troy, N. Y.**—The thirty-ninth Annual Session of this Institution for instruction in the MATHEMATICAL PHYSICAL, and NATURAL SCIENCES, will commence on Wednesday, Sept. 17, 1862. Appropriate quarters, and a full supply of apparatus, will be provided, so that all the Courses of instruction can be given precisely as heretofore. The new buildings for the Institute will be placed on a more commanding site, and be constructed as soon as possible.

The *Annual Register*, containing full information, can be obtained from

Prof. CHARLES DROWNE, Director.  
July 3-3m

**IMPROVED SPERMATORRHEA RINGS**—of pure silver, for preventing and curing nocturnal emissions. Price \$3—to physicians, \$2. They can be sent by mail in a letter. Also, a large assortment of elastic, glass and metal Syringes, Breast Pumps, Nursing Bottles, &c. &c., for physicians' and family use. Sold by E. M. SKINNER, successor to J. RUSSELL SPALDING, 27 Tremont street, opposite the Museum, Boston, Mass. March 19.

**A PHYSICIAN**, who is retiring from the profession in consequence of his health, wishes to dispose of his location, situated in Massachusetts, about five hours' ride from Boston, to a well-qualified practitioner. This is a fine opportunity to secure a practice of \$2,000 per annum. He would expect any person treating for the same, to purchase his stock of medicines, surgical instruments, and a small but well-selected library. For address, apply at this office.  
Aug. 21-1f

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Hon. E. Torrey, Alvah Crocker, Esq.  
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Of Fitchburg.  
E. R. Peabody, M.D., New York.  
John Ware, M.D. and John Housens, M.D., Boston.  
March 13-1f

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No pains will be spared to reclaim and restore them to their former position in society.  
J. C. SHATTUCK, M.D.

**REFERENCES.**  
Rev. E. P. Smith, Rev. J. E. B. Jewett,  
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Valerianate of Atropine,  
Veratrine.

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Codeine,  
Conicine,  
Extract of Belladonna,

Extract of Hyosciamus,  
" of Ipecac,  
" of Opium,  
Proto-Iodide of Mercury,

Lupuline,	gr. ½	Extract Rad. Aconite,	gr. ½
Extract Nux Vomica,	½	Emetine,	½
Veratrine,	1-24	Iodide Mercury,	½
Sulphate of Morphine,	1-8	Valerianate Morphine,	1-8
Corrosive Sublimate,	1-12	Acetate Morphine,	1-8
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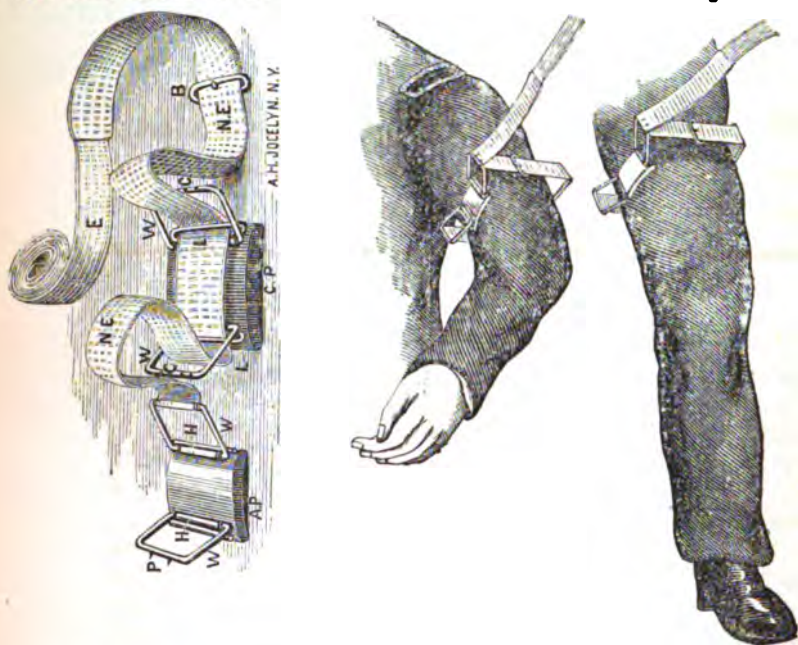
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THE  
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No. 9.

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TYPHUS AND TYPHOID FEVERS.

*To the Editor of the Boston Medical and Surgical Journal.*

MY DEAR SIR,—Agreeably to your request I send a communication on fever, which was made to the Massachusetts Medical Society at its last annual meeting. In the August number of the *Dublin Quarterly Journal of Medical Science*, there is an article on fever by Dr. H. Kennedy, in which the writer maintains that the theory of one poison, the effects of which differ with circumstances, is most consistent with facts hitherto observed, and he gives a series of cases to establish the position that typhoid and typhus fevers are not distinct diseases. This conclusion cannot be accepted as by any means demonstrated. We may believe that there are several poisons producing fevers, that these poisons are often associated, that persons exposed to them variously have symptoms sometimes produced by one or more of these poisons. It seems to me also that we ought to pursue our researches in that direction. Dr. Kennedy does not accept the opinion, that emanations from sewers constitute the typhoid fever poison. They are not as yet proved to be so, but are they not justly suspected of having something to do with the production of the disease? Emanations from the living body are believed to constitute the typhus fever poison, and though this opinion may be said to be well supported by a large number of histories well taken and recorded, still all must admit that we need more information before we can say decidedly what the typhus fever poison is.

As your Journal has a wide circulation, the publication of the accompanying communication may elicit matter from some of your correspondents, valuable to help in answering some of these questions on the etiology and symptomatology of fevers here propounded.

Very truly yours,

GEO. C. SHATTUCK.

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MR. PRESIDENT, AND GENTLEMEN OF THE MASSACHUSETTS MEDICAL SOCIETY,—The interesting reminiscences of typhoid fever com-  
VOL. LXVII.—No. 9

municated last year by Dr. Perkins, have suggested a recital of three cases under observation during the last winter, in each of which there were certain peculiarities which will serve as matter for queries and remarks.

The first patient was a woman, 25 years of age, a native of Germany, well developed, but for two years an invalid, leucorrhœa being the symptom most prominent in her own mind, who took to her bed on the last Tuesday in October, having given up work on the previous Saturday; and on Monday, November 4th, she came from Providence to Boston by railroad, and entered the hospital the same day. Headache, pain in back and limbs, weakness, and, later, cough, were symptoms during the first few days. On Tuesday, November 5, the skin was hot and dry, the pulse 100, regular, small, quick and hard; respiration difficult, 40. Serum and yellow mucus streaked with blood were found in the spit-cup; cough moderately frequent. Pulmonary resonance and vesicular respiration were found over both upper chests, but there was flatness in front from fourth left rib downwards, with a friction sound on inspiration and expiration. The skin was of a dusky hue, the tongue coated—thirst, inappetence. Rose spots, no tenderness in iliac fossa, tympanitis, four loose dejections. No headache; mind clear, but easily tired; slept well in night.

There can hardly be a doubt in any mind, that this patient had typhoid fever. Headache, weakness, a hot skin and quick pulse, diarrhœa, tympanitis, rose spots, are all characteristic symptoms. But there was also pleurisy and congestion of the left lung. She remained in the hospital until the 24th of December, and then, after an illness of eight weeks, she had only so far recovered, that it was deemed prudent to yield to her earnest request to be allowed to go home. Weakness, emaciation, were still prominent symptoms, as they had been. The fever lasted a week, to return for a day or two at a time twice, and in connection with an aggravation of the thoracic symptoms. These were the most persistent of any. The diarrhœa, tympanitis and rose spots disappeared; there was gurgling in the iliac fossa on one day only, but no tenderness. The friction sounds of the left lower chest continued for a few days only, but diminished resonance, feeble respiration, mucous and occasionally bloody expectoration, cough, frequent and embarrassed respiration, were the prominent symptoms. November 22d, subcrepitant rale was noticed over lower left front and back, the skin was hot and dry, the pulse 128, the respiration 40. Delirium, stupor, sleeplessness, were never noticed. November 27th, the thirty-first day of her illness, she took solid food for the first time, having had broths, gruel, wine and whey, and whiskey punch previously, as she relished them. Cough, scanty mucous expectoration, diminished resonance and feeble respiration over the left lower thorax, with a blowing inspiration and a slight dulness under the left clavicle, were the physical signs when she went home. She had several boils during the last



two weeks of her being in the hospital. The treatment consisted in gentle laxatives and diaphoretics, with nourishment and stimulus, as she was able to take them.

Now typhoid fever has been called a dothin-enteritis. Peyer's patches were probably affected in this case, but the disease by no means consisted in that affection. During several weeks there were neither abdominal nor cerebral symptoms. Are abdominal and cerebral symptoms and lesions essential to typhoid fever? Is it right to call it an enteric, an abdominal, a nervous or a brain fever? When we call it a zymotic disease, when we speak of it as the effect of a poison, do we not tell much more about the disease?

There were twelve cases of typhoid fever under treatment during the four months of November, December, January and February, four of them fatal, a larger proportion of deaths in fever cases than are found at the hospital during other years. The abdominal symptoms and lesions characteristic of typhoid fever were generally found, but I will relate briefly two other cases, neither of them fatal, to which the terms abdominal or enteric would hardly apply.

Mary McDougal, 33 years of age, well developed, having generally had good health, came into the hospital on the 23d of November, not having been quite well for a week or ten days, but having been confined to her bed only three days. She rode to the hospital, but walked up stairs, and seemed quite tired after the exertion. Headache, pain in back and limbs, and weakness, were the symptoms; but on the 24th, there was no pain in head, back or limbs; she had slept pretty well, her skin was warm, her pulse at 84, respiration 30, easy. The resonance of the chest was normal, except for increased dulness in the cardiac region, the respiratory murmur vesicular, free from rale. Expectoration sero-mucous, inconsiderable. Occasional cough. A systolic murmur following the first sound, loudest at the junction of the 3d left cartilage to the sternum, not heard over the carotids nor in the left vertebral groove, indistinct at apex. Both sounds of heart heard in right 3d intercostal space and over mid-sternum. Thirst, anorexia, tongue nearly clean, abdomen moderately full, no rose spots, no tenderness in iliac fossa, constipation. She kept her bed, being too weak to sit up, but had no pain. Cough and expectoration, and occasional sibilant rale over both backs. She began to sit up at the end of the fourth week of her illness, and was discharged well on the fifth day of January, after a residence of six weeks in the hospital. There were no delirium, stupor, subsultus tendinum, abdominal pain or tenderness, gurgling in iliac fossa, diarrhoea. Shall we call it a case of typhoid fever? The symptoms were from the thoracic organs, but the weakness so as to necessitate a recumbent posture in bed, thirst, loss of appetite, frequent in typhoid fever, are not recognized as accompanying such an inconsiderable disturbance of the circulation and respiration. The bellows systolic murmur was attributed to an obstructive disease of the valves of the pulmonary artery, and this was accompa-

nied by an embarrassed circulation in the lungs, by exudation of mucous serum, and once or twice of the coloring matter of the blood in the bronchial tubes. The murmur had disappeared when she left the hospital, the cough had ceased, the respiration and circulation seemed normal. The thorax was examined carefully and frequently. The abnormal sound was loudest at the spot which is said to correspond with the locality of the valves of the pulmonary artery. It was not heard over the carotids nor in the vertebral groove, so that we cannot connect it with obstructive disease of the valves of the aorta. It was indistinct at the apex of the heart, where it should have been loud were it attributable to an insufficiency of the auriculo-ventricular valve. I do not regard this diagnosis as demonstrated, it is probable. The murmur was examined nearly every day during four weeks or more. The patient had had no dyspnoea nor palpitation before being taken sick; 8 or 10 years ago she had acute rheumatism, from which she had perfectly recovered. But was this a case of typhoid fever? There were no symptoms of dothin-enteritis. There could hardly have been any ulceration of Peyer's patches. This is not essential to typhoid fever, but how often does the poison producing that disease, spend itself on other parts and organs, and spare entirely the glandular system and mucous membrane of the bowels? This is the question which I would ask of the Society, and I would cite one more case which was under observation at the same time.

A well developed English woman, 21 years of age, took to her bed the 28th day of October; headache, pain in back and limbs: and, not getting any better, she came to the hospital on the fourth day of November. She was weak, dizzy; dulness of countenance, answering clearly and distinctly, but is soon tired; organs of sense not affected. Skin hot, pulse 92, thirst, anorexia, tongue coated; abdomen full, resonant, not tender on pressure, no eruption, constipation. No cough, nothing remarkable on exploration of chest. She relished and felt the better for dry toast and mutton broth. She took but little solid food, but drank freely of beef tea and chicken broth; and on the 12th November, the 16th day of her disease, when there was no fever, she said she was tired of spoon victuals, and was allowed to chew mutton chop and eat a potato, which sat well and were easily digested. She sat up a little while and walked a few steps on the following day. She gained slowly in strength, and walked out of doors on the 23d day of her illness. Emaciation was marked in her case. She remained in the hospital during a period of 8 weeks. She missed one catamenial period, and at the second, six weeks after she was taken sick, there was a profuse discharge, with exquisite abdominal pain and tenderness, the legs much flexed on the abdomen, the pulse 120 and small, nausea and vomiting. These symptoms continued during thirty-six hours, and disappeared. Now can we say that this is not a case of typhoid fever? We have none of the peculiar abdominal symptoms

of the disease. There were no thoracic symptoms in this case, and headache was the only cerebral symptom. The nutrition was much affected, the emaciation and the fever quite marked. We cannot say, to be sure, that there was no disease of Peyer's patches, but we have no evidence of their being affected. Though typhoid fever has been so carefully studied, though we have so many valuable treatises and monographs devoted to it, there is much to be learned about it, and much can be done to disseminate and establish correct views in regard to it. Of its etiology we have learned a good deal. Recent researches point to the secretion of the bowels, to sewage, as causes of the disease, and to drains and cesspools as their seats. From hospital practice we cannot get the material for coming to definite conclusions on these points. All medical men should inquire closely in their private practice for evidence of the way the disease was contracted in every case, and we now seem to be put on the track of getting information, so much wanted on the source and nature of the poison which produces the fever. That the poison gets into the blood through the pulmonary and gastro-intestinal mucous membranes, that it acts upon that fluid, and upon the nervous system of organic as well as of animal life, we may regard as well settled. That it is more frequently determined to the glandular system of the intestines than to any other excretory organ, we may admit. The name broncho-typhus shows that we believe typhus poison to be determined to the lungs more decidedly and more frequently; though generally in typhoid fever, cough, expectoration, sibilant and sonorous rales, indicate that the bronchial mucous membrane has been affected by that poison. Information is wanted of the frequency with which this membrane is affected in different epidemics. Dr. La Roche has devoted a volume to the study of lung affections in malarious fevers. Are we right in inferring that pneumonia is more frequent as an epidemic peculiarity in periodical than continued fever?

This knowledge of local affections in fevers is necessary to perfect our classification. One difficulty here has been in names and distinctive marks being taken too much from symptoms or lesions. If we could get hold of the poison producing typhoid, of that producing typhus, of that producing relapsing fever, if we could study these, we should have a real basis for classification. And besides poisons of animal, vegetable, telluric and atmospheric origin, we have fever the effect of fatigue, of nervous exhaustion, of poisons generated in the economy. Now, carefully observed cases of continued fever, such as occur in private practice, are still wanted, as well as histories of epidemics. And these latter, prevailing in country towns or villages, if we could have detailed and accurate histories of them as occurring throughout New England for a succession of years, how much should we gain towards a satisfactory solution of the question, how many forms of continued fever there are, how they are related to each other, and how different poisons may be acting in one pa-

tient. Let us hope that this Society is doing its part towards getting the material for a medical history of our land, by encouraging its members in telling something of what they have seen or heard during the year at these their annual gatherings.

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ON CATARACT.—No. IV.

[Concluded from page 157.]

As to the size, form and direction of the corneal section, and in general as to the whole process during and after the operation, there is little new to be said. Prof. Arlt has, in the main, retained the views expressed in his book published in 1853, Vol. II., pp. 293—326. The following, however, may be deserving of remark. At present he lets nearly all the patients lie in bed during the operation. They are thus more quiet, and do not keep the muscles (of the eye) in excessive tension. Probably it is in part owing to this circumstance that loss of the vitreous seldom occurs with us, and for the most part only in cases in which it had been expected beforehand (on account of capsular cataract or fluidity of the vitreous).

He himself does not hold the under lid, but the upper, by reaching down from the forehead with his thumb, and lets the assistant merely draw the under lid somewhat downwards. He no longer considers it necessary to finish the section in one movement (by merely pushing the knife forwards), but generally divides the last portion while drawing the knife backwards. He prefers knives after Beer's pattern, in which the base is to the length as two to seven, as these cut easier than knives that rise more rapidly from the point to the base. He avoids making the section near the sclerotic, not merely on account of the peeling off of the conjunctiva, but from having found that in such cases the periphery of the iris easily falls into the wound.

To open the capsule he generally makes use of the slightly curved, sickle-shaped needle of Rosas; in cases of anterior capsular cataract, an iris-hook and slender forceps (like the one for iridectomy) are kept ready at hand for extraction of the capsule. These instruments serve also to draw forward the pupillary edge of the iris when it appears necessary or advisable to remove a small part of it with the scissors.

In the third step of the operation he holds and directs the lids himself, pressing and stroking a little, now through the one, now through the other, as the momentary position and the delivery of the lens require. Larger remnants of the lens are brought out in the same manner, smaller ones with the curette.

For closing the eyes, strips of court-plaster are no longer used. They fret the skin, especially when the edges roll back, and occasion, in sensitive persons, winking, and even spasmodic closing of the

lids, and the imprudent are likely in such cases even to lift their hands and take hold of the lids. The fossa between the bridge of the nose and the edge of the orbit is filled with a mass of loose lint, that of the other eye being filled before the operation. The lint is kept on by three strips of linen, each about an inch wide and from five to six inches long, and spread at each end with some diachylon plaster. One strip passes from the left frontal eminence obliquely down and outwards over the right cheek towards the parotid gland, the second likewise obliquely from the right frontal eminence to the left cheek, the third from one temple to the other over the eyes and nose. This bandage makes it easy for the patient to keep the eyes quietly closed without winking much, and protects them from dust, light, and changes of temperature. Under the bandage the secretion of the conjunctiva and meibomian glands does not dry up to hard crusts, and it is not necessary to wash the eyes for a long time before being able to examine them. If the lint is renewed every twelve or twenty-four hours, it does not adhere to the eyelashes, or at least can be easily loosened by dropping on a little tepid water. In this way one can very easily, and without danger, get a view of the eye, if desirable or necessary, and satisfy himself, when the patient complains of discomfort, whether there is anything going on wrong in the eye to cause it. The bandage is not left off till the sixth day, and cold dressings are substituted only when required by inflammatory attacks.

Uninterrupted rest in one position is less insisted on than formerly. Always on the second day towards evening, and often the first day, we let the patients sit up in bed for from ten to twenty minutes to rest themselves and so to lie more quietly afterwards. Only those movements are interdicted in which holding of the breath and venous congestion usually take place, since with these we have also to fear congestion of blood in the eye and increase of intraocular pressure. Included with the above, are violent coughing and laughing. With respect to keeping the patient in the supine position, we bear in mind the proverb, "*Allzuscharf macht schartig.*"

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#### ON ARTERIAL MURMURS IN INCIPIENT PHTHISIS.

By W. S. KIRKES, M.D.,

Assistant Physician to, and Lecturer on Medicine at St. Bartholomew's Hospital.

In the first of a series of Clinical Essays lately published, Dr. B. W. Richardson alludes to a former paper of mine on the subject of "Subclavian Murmur." This paper was read before a private Society for the Study of Chest Diseases, in April, 1858. Its publication was delayed in order to afford time for further observations, so that a more complete account of the subject might be given. Other occupations, however, having interfered with this intention, and Dr. Richardson's investigations having so successfully supplied much that

was wanted in the clinical history of this peculiar physical sign, I am induced now simply to print the paper exactly as it was originally read, making only one additional remark; namely, that repeated subsequent observations have convinced me more and more of the value of this sign in many doubtful cases of incipient tubercular disease of the lungs.

The fact that a murmur, or *bruit*, coincident with the heart's systole, but independent of any cardiac disease, may, in many cases of incipient phthisis, be heard in one or other subclavian region, has long been known. Dr. Ogier Ward, I believe, was the first publicly to direct attention to this fact; at least, I have not met with any earlier allusion to it than that in a paper communicated by Dr. Ward to the *Medical Gazette* about twenty years ago. Therein he speaks of "a peculiar murmur heard in certain parts of the chest of persons presenting symptoms of phthisis," and he says "it occurs in such parts of the chest as percussion or auscultation would indicate as the seat of crude tubercles." Dr. Latham, however, was probably then, if not long before, familiar with the murmur in question, for in his *Clinical Lectures on Diseases of the Heart*, delivered many years ago at St. Bartholomew's Hospital, he speaks very strongly about it, though at the same time it must be observed that his remarks only apply to a murmur heard in the situation of the pulmonary artery, and not high up in the subclavian region. He says, "Fancy a line drawn from the left side of the sternum along the upper edge of the second costal cartilage, and continued an inch along the second rib; and another line drawn from the sternum along the lower edge of the third costal cartilage, and continued an inch along the third rib. Between these two lines a space is included, in the whole or in part of which a murmur is often audible coincident with the systole of the heart, when no such murmur can be perceived either in the præcordial region, or in the course of the aorta, or in the carotids, or in any part of the arterial system, but here, and here only. It is a gentle bellows-murmur, quite obvious to the ear, and unmistakeable in its character. Of such a murmur, often audible in this situation exclusively, I am certain as a matter of fact, and certain, too, of its very remarkable accompaniments. I have witnessed it in those who were undeniably consumptive, or in those who were too justly suspected of being so. I cannot say in what proportion of the phthisical it occurs; but I am continually meeting with it." It is clear, then, that Dr. Latham was quite familiar with these arterial murmurs, and that he attached some value to them as a diagnostic sign of phthisis. Since this account was published, however, very little has been written on the subject, casual allusion to it in various works on diseases of the chest being nearly all I have met with. I think, however, that the subject deserves further examination, especially since the murmur in question is frequently attendant upon incipient phthisis, and also since there is often so much obscurity in the other physical signs of early tubercu-

lar deposit in the lungs—a little feebleness or coarseness of the vesicular murmur, slightly prolonged expiration, and a somewhat diminished resonance on percussion being nearly the only manifestations of incipient phthisis; and even these are often of very doubtful nature, and rarely exist in a marked degree until a considerable amount of deposit has taken place. Any additional physical sign, therefore, by which the diagnosis of incipient phthisis may be facilitated, cannot fail to be of value, especially if it be one easy of detection, such as a well-marked arterial *bruit*.

It may be as well to mention some of the more striking peculiarities by which the murmur in question is distinguished from most other forms of murmur; several of these peculiarities are noted in the extract just given from Dr. Latham's work. Other additional points I have noticed myself.

1. First, it may be repeated that the murmur is independent of a murmur in the region of the heart; this is an important point, for if a cardiac murmur existed, its transmission might, of course, be supposed to explain the one heard in the subclavian region; but again and again I have found the heart's sounds quite healthy when the subclavian murmur was well marked. The conclusion arrived at, therefore, must be that the murmur has its origin at or about the part where it is heard, and not in the heart.

2. Next, as to the situation of the murmur. Dr. Latham speaks of it only as occurring in the neighborhood of the main trunk of the pulmonary artery, and therefore limited to the left side of the chest, and to that part of the left side where the pulmonary artery is situated, namely, the junction of the second and third costal cartilages and their intervening space to the sternum. But according to my own observation, it occurs, even more commonly, much higher than this situation, close under the clavicle, especially towards the humeral end of the bone; and, moreover, it occurs nearly, if not quite as frequently, on the right as on the left side of the chest; in fact, it occurs on that side and in that situation where we often have reason to suspect the existence of tubercular deposit.

3. Then there are certain peculiarities in the murmur itself. Its intensity varies greatly, ranging from the faintest whispering bellows-murmur to a loud harsh roaring sound. On one occasion, a man with symptoms of phthisis presented such a long and rasping murmur in one of the subclavian regions that I suspected he had an aneurism there; but on examining him again, a few days afterwards, the murmur had almost completely disappeared; and subsequent observation of the case proved that it was simply one of the class we are considering. This variableness in intensity of the murmur, even in the same patient, is another striking peculiarity which it often presents. Even while listening, a murmur which was harsh at first will often gradually become fainter, and may even completely disappear for a while. So fugacious, indeed, is the murmur sometimes, that I have frequently known it disappear and reappear seve-

ral times while a patient has been under examination. It may often be noticed, too, that the murmur is much influenced by the respiratory movements; its intensity being often greatest at the end of full inspiration, or just at the turn when expiration begins. Sometimes, indeed, the murmur is heard only at that time, disappearing completely during expiration, and only occurring again at the end of the next full inspiration. Its intensity is influenced, too, as is that of most other systolic murmurs, by the degree of vigor with which the heart is acting; being loudest when the heart is contracting vigorously, as when a patient first enters the room, or is somewhat excited, and becoming fainter as the temporary excitement subsides.

Such are some of the chief peculiarities of the murmur. Then comes the question, "To what cause is the murmur due?" This is the most important part of the inquiry: and I confess there is much difficulty about it; but the following remarks may probably help towards a satisfactory solution of the difficulty:—

1. Is the murmur simply anæmic? *i. e.*, brought about by an impoverished state of the blood, and a corresponding weak state of the vessels. I do not think it is; for if it were so it would most probably be heard at the base of the heart, and along the aorta, and in most of the main branches of the thoracic aorta; but, as observed, the subclavian murmur is usually independent of any cardiac or other murmur, and, moreover, it is commonly heard in one subclavian region and not in the other, a fact quite inconsistent with the supposition of an anæmic origin. Again, if it was purely anæmic it ought to be heard in all cases of anæmia; and it ought not to occur in cases which are not anæmic; but neither of these results is found to happen; for it is rare to meet with the murmur in anæmic cases independent of tubercular deposit, while it is frequently heard in suspected phthisical patients before any marked signs of anæmia are developed. Again, too, if it were anæmic it ought to be constant, or nearly so, like other arterial anæmic murmurs, whereas it is, as I have said, often most fugacious—fading, disappearing, and reappearing again and again even during the same examination.

2. This variableness in its intensity, and even in its existence, naturally suggests that the murmur is due to some cause which is not always in operation, but only exercises a temporary influence. Now, nothing is so likely to be of this nature as pressure; for we can readily understand that with the continual changes taking place in the respiratory and circulatory movements within the chest, arterial and other canals, with their contents, will be continually exposed to varying degrees of pressure. Some examination of this as the probable cause of the murmur is necessary.

It is, perhaps, scarcely requisite to call to mind that simple pressure on a given part of an artery is sufficient to cause a murmur, by accelerating the current at the part compressed, and thus increasing the force with which the particles of blood come into collision with those in the succeeding wide part of the canal. Dr. Lathan pointed



out this fact very clearly, showing that in children with yielding thoracic parietes it is easy to produce a murmur in the pulmonary artery by exercising a little extra pressure with the stethoscope at or about the second left intercostal space near the sternum; and Dr. Jenner has since confirmed this observation by several additional examples. It being well determined, then, that artificial pressure on an artery, by narrowing its calibre at a given part, may give rise to a murmur, we can readily understand that a like result—namely, an arterial murmur—may ensue when a large arterial trunk is compressed by any solid material such as cancerous or tubercular matter deposited in parts contiguous to it. In order to the production of such a murmur, it is not perhaps enough that the parts surrounding the artery, say the tissue of the lung, should be simply consolidated, but probably they must be so affected as actually to press upon and narrow the artery at some point; as, for example, when a deposit ensues in such a situation as to project above the general level, and this in the immediate proximity of an arterial trunk.

That arterial murmurs in different parts of the thorax may thus be the result of pressure exercised by a tubercular lung, is demonstrated by an example mentioned in Dr. Hope's great work "*On Diseases of the Heart.*" "I had a patient," Dr. Hope says, "in the St. Marylebone Infirmary, in whom I, as well as the Apothecary, Mr. Hutchinson, noticed a distinct murmur along the ascending aorta on some occasions, and not the slightest in others. I was much perplexed, and could not make up my mind as to the existence of valvular or aortic disease. The patient died of phthisis; and on post-mortem examination it was found that the anterior edge of the left lung, completely indurated by tubercular deposition, pressed so exactly on the ascending aorta as actually to have taken its mould, though without adhering. It was now recollected that the murmur had always been heard when she lay on her back or inclined to the right side, but not when inclined to the left; hence we ascribed it to pressure of the lung on the aorta when the position of the body caused it to gravitate towards the right side." (Third edition, p. 391.) There can be little doubt that Dr. Hope's interpretation was correct; and it clearly suggests to us that tubercular and such-like deposits in other parts may, when in close proximity to a larger artery, compress it and so give rise to a murmur.

I incline, then, to believe that in the majority of cases in which this subclavian murmur occurs in incipient phthisis, it is due to unwonted pressure exerted on some large arterial trunk, diminishing its calibre at the compressed part. The cause of pressure is, no doubt, the tubercular matter deposited in the pulmonary tissue. But then the inquiry occurs, What artery is compressed? This, no doubt, will vary according to the seat of the tubercular deposit. If it occurs below the apex of the lung or near the situation of the pulmonary artery, this vessel may be the one compressed and the one which gives rise to the murmur, as so often noticed by Dr. Latham.

The same artery, too, may be compressed and probably generate a murmur in cases where neighboring bronchial glands are enlarged and filled with tubercular matter. But when the deposit occurs, as it usually does, in or closely adjacent to the very apex of the lung, the arterial trunk most likely to be compressed is the subclavian. This artery lies upon, and actually indents the apex of the lung for a distance of an inch and a half or two inches on the left side, rather less on the right. Now, when the apex of the lung is consolidated by tubercular deposit, we can readily understand that it will tend to exercise a greater degree of pressure on the subjacent artery than would healthy vesicular structure, and would therefore be likely to diminish the calibre of the vessel at that part, and thus give origin to a murmur. This supposition is strongly confirmed by the fact that the murmur is usually loudest at the end of full inspiration; for it is intelligible that when the vesicular structure of the neighboring portion of lung is fully distended with air, the consolidated portion will exercise a greater amount of pressure on the adjacent parts than when the vesicular structure is comparatively empty. The subclavian artery, then, I would suggest, is probably the usual source of the murmur so frequently heard when there is reason to suspect tubercular deposit in or about the apex of the lung; and when heard it may generally be held to indicate that the tubercular deposit is exercising pressure on the vessel. But although the subclavian artery is probably the most common seat of the murmur, yet the aorta, the innominate, and the carotids, are all in immediate proximity to the portions of lung most usually the seat of tubercular deposit, and may therefore be compressed by it, and give rise to a murmur. There is, of course, another view which may be taken as to the cause of the murmur; viz., that it may be the result not of pressure on a main artery, but simply of impediment to the transit of blood through the consolidated pulmonary tissue, whereby the pulmonary artery and its main branches become obstructed. But I cannot clearly understand in what way such impediment can give rise to a murmur presenting the characters already mentioned, and I am therefore inclined to ascribe very little influence to this condition.

With regard to the diagnostic value of the murmur, I may add that although its existence may be regarded as a strong additional sign of tubercular deposit, yet its absence must by no means be held as negating the existence of such disease, for it is quite intelligible that even a considerable amount of deposit may exist without being so situated as to exercise sufficient pressure on any large artery to produce a murmur. Then, again, I would repeat that, so far as I have been able to determine, the murmur is an attendant on the *earliest* stage of phthisis, that namely of tubercular deposition; and on this fact its chief diagnostic value depends, for in the stage of softening the physical signs of the disease are too obvious to need any additional confirmation. The presence of the murmur in the

earliest stage, and its absence in the stage of softening, are quite intelligible on the view that pressure by a consolidated lung is the cause of the sound, for it is in the first stage *especially* that this condition is likely to exist, the lung in the later stages being more or less softened, broken down, and hollowed into vomicae. Moreover, in the later stages the total amount of blood is diminished from deficient nutrition, and the muscular power of the heart is also lessened, so that the blood is propelled with less force.

There is just one other point which I may mention; care should be taken, when listening towards the humeral end of the clavicle, not to press too hard on the subclavian artery in its course outside the chest, for in some cases I believe I have by such pressure induced a murmur which did not previously exist; and this is a caution which should be especially observed in thin and anæmic subjects.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

AUG. 11th.—*Muscular Debility, cured by Mechanical Support and systematic Exercise.*—Dr. SHATTUCK reported the following case:—E. W., aged 16, was born in Hamburg, but came to this country when a child, and has not been exposed to hardships or privations. She had good health till the age of 13, when she gradually lost strength, her appetite diminished, the digestion became difficult, and the bowels at times constipated. Her catamenia appeared at the age of 11½, and were regular, with intervals of three weeks, except at one time, when they did not appear for six months. In October, 1860, she entered the Female Medical College Hospital, where she staid till the following June, mostly confined to her bed, with pain in the back, irregular, capricious appetite, constipation and more or less difficulty of digestion. She took various preparations of iron and bark, and received other treatment, but did not improve. She entered the Samaritan Hospital on the 10th of August, 1861. At that time she was mostly confined to the bed, could not hold herself up, and when she attempted to walk, was bent nearly double.

Dr. Buckminster Brown took the charge of her case in the month of October, and in the course of the next three months she had improved so much as to be able to walk about perfectly erect, and to do the work of the ward, sweeping, dusting and making beds. She took various preparations of bark and iron, and some laxative medicine. An iron support was worn a great part of the day, which was so adapted as to interfere but little with the motions of the chest and abdomen. Various gymnastic exercises were contrived, so as to exercise the muscles of the back. She persevered in the regular use of these, having a strong wish to get well. A liberal supply of pure air, of wholesome food at proper intervals, and bathing and friction of the skin, were also employed, and contributed to the favorable result. The support was worn for three months, and its use was given up gradually. She left the hospital in the month of June, and took a

place as domestic in a family. She is now perfectly well, and stronger than the average of girls of her age; her appearance is that of health and vigor, her spine having only the normal curves.

Mechanical supports and gymnastic exercises are often abused, and therefore are somewhat suspected, but we have here an instance where their skilful application has been the means of restoring a helpless and suffering invalid to health and usefulness. This is one of those cases where the personal qualities of the medical and other attendants, where mechanical ingenuity, kindness of nature, patience and perseverance, were most important elements of success. Cases like this are not unfrequent, of young women, bed-ridden and helpless, who can be restored to usefulness by proper treatment, which, however, is not easily applied, and where the trust and docility of the patient is as essential to success as the skill and perseverance of the physician.

SEPT. 8th.—*Empyema with very slight general Symptoms; Thoracentesis.*—Dr. FIFIELD said he was applied to, a month ago, by a man who drove an express wagon, to be examined as to his soundness of health. The patient said that he had an attack of pleurisy in May, 1861, from which he did not recover till the following February. On examining his chest, Dr. F. found flatness of percussion-sound and absence of respiration throughout the whole of the left chest, and presuming that it was full of water or pus, advised puncture, which was refused. Three or four days ago the man came again, and Dr. F. found the heart displaced towards the right for a distance of seven inches. The pulse was 100, feeble and irregular. The patient was still pursuing his calling, but complained of shortness of breath. Yesterday, Dr. F. punctured the chest between the eighth and ninth ribs, and drew off sixty-six ounces of pus. Towards the close of the operation there was some cough, which ceased on removing the trocar. To-day, Dr. F. found, to his surprise, that the patient had mounted his wagon, and driven to town as usual.

Dr. Fifield used the syringe on this occasion. He thought it an awkward instrument, and doubted if it were really of much service. The want of a stop-cock to the canula is a great inconvenience, as air must enter to some extent without it, as actually occurred in the present case, after unscrewing the tube. The position of the patient is often uncomfortable when the syringe is used, whereas if a simple trocar and canula be employed the patient can lie down while the fluid is running out. He noticed that the "drainage tube," an elastic tube pierced with holes and passed through an upper and lower opening, was much used in England, but he had had no experience with it.—(Vide *Med. Chir. Trans.*, Vol. XLII.; also *Lancet*, Vol. II., 1859, p. 11.)

Dr. WARREN said that he had for the most part used Guérin's syringe, which is provided with a stop-cock. The elastic tube is frequently troublesome, and collapses when the fluid is thick and the suction strong. It is then necessary to screw the syringe directly on to the canula. When the canula used is small, in order to make the connection between it and the elastic tube air-tight, a bit of bladder or intestine can be used. This is to be cut to the size of a dollar, the trocar thrust through its middle, and by wetting it, and drawing it back over the joint, no air can penetrate. Most cases of empyema, however, come at last to a fistulous opening, which ought always to be large. If small, the free exit of the pus is hindered, and inflammation of the sides of the abscess, and sometimes necrosis of the rib, are

apt to follow, with hæmorrhage. In one of his cases, which happened ten years ago, the opening, made a year before, was fistulous and quite small. Profuse bleeding took place, and the patient nearly died. As the bleeding was usually very sudden and violent, as if from a large vessel, it was at first supposed that the intercostal artery had been eroded, especially as the rib was carious. An operation was done, the rib was exposed, and one or two inches removed, so that the finger could pass freely into the cavity of the chest. Several quarts of pus and blood were evacuated. The patient was a large man, with a very expansive chest. No artery was discovered, but the bleeding seemed to come from the irritated vessels in the neighborhood of the aperture. The patient recovered, and is now well.

Dr. MINOR said that a patient upon whom he had performed this operation in the Hospital a year ago, bled to death twenty-six days afterwards. The bleeding apparently did not come from the puncture, as it was mostly internal. The discharge of pus had been quite free, and gave great relief to the patient. At the autopsy there was found caries of several of the ribs, but the source of the hæmorrhage could not be ascertained.

Dr. BETHUNE thought that the necrosis might possibly be the cause, and not the consequence of the empyema, in some cases.

Dr. JACKSON remarked that he had never met with necrosis in these cases, and thought that, when it occurred, it must generally be secondary. As to the entrance of air into the chest, he thought its importance had been exaggerated. Its presence in the healthy chest seems to do little harm. In the operation of removing the breast, the pleura is now and then punctured; air enters, and the lung collapses, but the air is soon absorbed. When the pleura is inflamed, the effect might be more unfavorable. With regard to the operation, he thought that a free incision might sometimes be made in chronic cases, instead of a small puncture. In a case that he saw, of the late Dr. Fisher's, a spontaneous opening was anticipated by making a free incision; an enormous discharge of pus followed, and continued for some time, and the patient recovered perfectly.

Dr. WARREN said he visited, with Dr. Bowditch, some years ago, a boy with empyema, in whom there were two or three fistulous openings which had formed spontaneously. The patient had symptoms resembling phthisis, and his condition was very unpromising. Dr. B. and himself agreed on a free incision, which was prevented from closing by means of a tent. The discharge became free, and the boy immediately improved, and recovered perfectly. In this case no disease of the rib was discovered.

Dr. J. P. REYNOLDS asked whether much treatment were really demanded in cases of simple pleurisy. He was not in the habit of treating the disease actively, and in the case of a delicate person who came under his care the result was very satisfactory.

Dr. FIFIELD remarked that immense quantities of fluid, in cases of recent effusion, were sometimes absorbed in an astonishing manner, an example of which he had reported to the Society a year ago.—(See this JOURNAL, Vol. LXIII., p. 40.)

Dr. MINOR thought that patients sometimes first apply for advice after the fluid is really absorbed; the false-membranes remaining may be sufficient to cause dulness on percussion and obscure respiratory murmur. In such cases we may fancy we cure our patients, when they were in reality already cured.

Dr. REYNOLDS said he alluded to cases in which there were unmistakable signs of effusion, such as a change in the locality of the physical signs corresponding to a change of posture of the patient.

Dr. MINOR said he was surprised to find how few cases occurred in which this test of the presence of fluid in the chest could be made available; probably owing to the effusion being usually confined by adhesions.

Dr. FIFIELD had observed the same thing.

Dr. JACKSON thought that the change in the situation of the physical signs produced by change in the patient's position is often very remarkable, and such a case is now under his care in the Hospital. While lying down, the percussion in this patient is resonant and the respiration natural over the right front; with perfect flatness and bronchial respiration when he is upright. In this case there is an entire absence of pain in the chest, but dyspnoea is an urgent symptom. In respect to treatment, Dr. J. observed that the external application of tincture of iodine was much used here, and in a recent Hospital case he thought that more improvement was obtained by this remedy than by any other, before the chest was punctured. He had heard it said, however, that Skoda, of Vienna, considered it of no use whatever; and that he will sometimes paint the chest over with the tincture to prove his point. Dr. J. remarked that the physical signs often remain, to some extent, long after the patient is well; and we may sometimes be deceived into keeping him under treatment too long.

Dr. BOWDITCH said he had used Dr. Wyman's instrument too often to give it up for slight reasons. If properly used it is impossible for air to enter the chest. The tube should not be unscrewed from the canula until the latter is removed from the chest. Nor had he ever had the tube collapse in the slightest degree. He was aware that the instrument was imperfect, for it could not pretend to cure every case, but it was exceedingly useful in many cases in which it was impossible or improper to use Trousseau's or Guérin's trocars, which were altogether too large, and in which the patient would die without an operation. The exploring trocar reaches many cases which other instruments are incapable of reaching. He was satisfied that strong suction was often beneficial by forcing the lung to expand. He always stopped when the patient experienced any painful or disagreeable sensation, except cough, which he thought was a good sign, indicating that the lung was expanding. When there was no cough, he thought the case unfavorable, as showing that the lung was bound down by strong adhesions and could not expand. As a rule he punctured an inch or two above the level of the lowest point at which the respiratory murmur could be heard on the sound side—generally between the 9th and 10th ribs, and in a line let fall from the angle of the scapula. In cases in which it is expedient to leave a canula in the chest, he had found that an elastic tube was far more comfortable to the patient than a silver one, which prevented him from lying except in certain positions.

With regard to the external application of iodine, Dr. Bowditch was satisfied that rapid absorption sometimes takes place under it, when it causes severe pain. It must not be employed in a nambypamby manner, but must be used with effect. The ethereal tincture, of the strength of half a drachm to the ounce, was the best and most effectual preparation.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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BOSTON: THURSDAY, OCTOBER 2, 1862.

ARE MEMBERS OF THE MASSACHUSETTS MEDICAL SOCIETY EXEMPT FROM DRAFT?—We have received the following communications touching this most important question:—

“ Waltham, Sept. 25, 1862.

“ MR. EDITOR,—It appears that members of the Massachusetts Medical Society are not exempt from draft. This is not as it should be. In times like these, when medical men are in great demand, both for service in the field and in Hospitals, they ought not to be liable to be drafted and placed in the ranks. Professors in Medical Colleges, and advanced Medical Students (as the latter have done, and are still doing valuable service for the wounded in this war), should be exempt from draft. Enough will always be ready to volunteer their services when required; and we are confident that they can render more valuable service as *healers* than *slayers*. Medical men are quite as useful as any other class of citizens, and if any are to be exempt, we think they should be; and we hope an effort will be made to have their claims recognized by both State and National Governments.

J. L. D.”

“ MR. EDITOR,—It has been said, that members of the Massachusetts Medical Society are *not* by law exempted, as such, from enrolment and draft, and that members of the Massachusetts Homœopathic Medical Society *are* exempt from the same. As the question is one which, so far as the former are concerned, may be yet decided under a writ of *habeas corpus*, would it not be well for the JOURNAL to publish the Charters of the two Societies, with the amendments and additions made to the Charter of the former, touching this point, as well as the general law under which Judge Russell has decided that the vested rights of the former have been taken away? \* \* \*

In reply to the request of the last of these communications we reprint the clause of the Charter of the Massachusetts Medical Society, exempting its Fellows from enrolment, which concisely says:—

“ SECTION 7. *And be it further enacted*, That the fellows of the said corporation shall not be liable to be enrolled or mustered in the militia of this commonwealth.”

The Militia Law of the Commonwealth, as printed in the General Statutes, reads as follows:—

“ SECTION 1. Every able-bodied white male citizen, resident within this state, of the age of eighteen years, and under the age of forty-five years, excepting persons enlisted into volunteer companies, persons exempted by the following sections, idiots, lunatics, common drunkards, vagabonds, paupers, and persons convicted of any infamous crime, shall be enrolled in the militia.”

Persons exempted from enrolment are specified as follows:—

“ SECT. 9. In addition to the following persons absolutely exempted from enrolment in the militia by the laws of the United States, viz.:—

“ The vice-president of the United States;

“ The officers, judicial and executive, of the government of the United States;

“ The members of both houses of congress and their respective officers; cus-

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tom house officers and their clerks; inspectors of exports; pilots, and mariners employed in the sea-service of a citizen or merchant within the United States;

"Postmasters, assistant-postmasters, and their clerks, post officers, post riders, and stage drivers, in the care and conveyance of the mail of the United States; ferrymen employed at any ferry on the post road; the artificers and workmen in the United States armory at Springfield and the arsenal at Watertown;

"The persons hereinafter mentioned, shall also be absolutely exempted from enrolment, viz.:—

"Justices of courts of record; judges and registers of probate and insolvency; registers of deeds and sheriffs;

"Officers who have held or may hold, for a period of five years, commissions in the army or navy of the United States;

"Officers who have held, for a period of five years, commissions in the militia of this or any other state of the United States; or who have been superseded and discharged; or who held commissions in any corps at the time of its disbandment;

"Staff officers heretofore exempted, and whose offices shall become vacant by the provisions of section fifty-nine;

"Ministers of the gospel;

"The superintendents, officers, and assistants, employed in or about either of the state hospitals, state almshouses, state prison, jails, or houses of correction; keepers of light-houses, and conductors and engine drivers of railroad trains;

"SECT. 10. Every person of either of the religious denominations of quakers or shakers, who, on or before the first Tuesday in May annually," &c.

"SECT. 11. Enginemen, or members of the fire department in a city or town, shall be exempted from military duty by forthwith filing with the assessors," &c. Section 12 relates to exemption on account of bodily infirmity.

With regard to the Massachusetts Medical Society, we would remark, that the clause we have published was not in the original Act of Incorporation, which bears date November 1st, 1781, but is one of a series of amendments enacted March 8th, 1803. We have not found evidence anywhere of the repeal of this act. We are not informed on what grounds the Commissioner of Enrolment for Suffolk, who is also one of the Associate Justices of the Superior Court, has decided that its provisions have become invalid by subsequent legislation. As no special reference is made to the Society in the extracts from the General Statutes printed above, it seems to us highly probable that the existence of such an act of exemption was unknown to the framers of the act. We should certainly suppose that a clause would have been inserted in the Statute repealing the act in question, had its existence been known. The only ground, then, for the Judge's opinion, that occurs to us is, that the Massachusetts Medical Society is not mentioned in the exemption clause of the Statutes which we have quoted. Whether this is legal ground for depriving the Society of their chartered privilege is a question for lawyers to decide; and we are decidedly of opinion that it will become a subject for legal discussion should the course of events threaten such a thing. Clearly it is a case about which there may be two opinions. We believe it has been distinctly decided that a charter cannot be repealed without the consent of the parties interested, or violation of its provisions on their part.

With regard to the Homœopathic Medical Society, we are quite in the dark, as we have not a copy of its charter within reach, nor have we ever seen it. It is very evident, however, that if any clause of exemption in the charter of that organization has any weight, *a fortiori* the exemption clause in the Act of Incorporation of our time-honored State Society must still hold good.



**A MOVE IN THE RIGHT DIRECTION.**—"On motion, a preamble and resolutions were brought forward, and discussed, relative to an individual, now a member, in Boston, who has prostituted the certificate of the Association and the names of its officers, to further the sale of his quack preparations, in violation of his written signature of agreement to uphold the objects of the Association, in article 1st, section 5th of the Constitution.

"After considerable discussion of the merits of the case, a vote on the resolution was directed to be taken by ballot.

"The chair announced, on the ballot being rendered by the tellers, that it proved unanimous in favor of the resolutions, and the Secretary was directed to notify him of the action of the Association."

**MR. EDITOR.**—The above is copied from the proceedings of the Tenth Annual Meeting of the American Pharmaceutical Association, as published in the last number of the *Journal of Pharmacy*. It would not be difficult to guess the name of the offender, but why was the Secretary so careful to suppress it? If the act were intended as a punishment, the name should be known. How are the public to know, whether Tolu Anodyne or any other is the preparation spoken of? C. E. B.

We are glad to print the following order reinstating Dr. Edward B. Dalton in his post as Surgeon to the 36th New York Volunteers, from which he had been unjustly removed through the misunderstanding of a careless official. No one who knows Dr. Dalton believed for a moment that he could have been guilty of neglect of duty.

*War Department, Adjutant General's Office, }  
Washington, September 20, 1862.*

**GENERAL ORDERS, No. 143**—So much of "General Orders," No. 125, as dismisses Surgeon Edward B. Dalton, 36th New York Volunteers, is, by direction of the President, revoked.

By order of the Secretary of War,  
(Signed), L. THOMAS, *Adjutant General*.

(Official.) E. D. TOWNSEND, *Assistant Adjutant General*.

The Committee of the Suffolk District Medical Society on the subject of the Ambulance system of the United States Army, have prepared the following memorial, which will be circulated for the signatures of the profession.

"The undersigned Physicians of Massachusetts, satisfied that the present system of Ambulance arrangements is extremely defective and a cause of great suffering to our wounded soldiers, respectfully petition the Honorable Secretary of War to place the control of it in the hands of the Medical Department of the U. S. Army, with authority to organize a distinct Ambulance Corps."

**LINT.**—At a special meeting of the Providence Medical Association, held at the office of Dr. C. W. Parsons on the 18th of September, 1862, the subject of Lint and its uses was discussed. It was voted, after general consultation, that Drs. Mauran and U. Parsons be a committee to express to the public the views of the Association on the subject. In accordance with this vote, the committee would state, that they fully endorse the very sensible views of their medical brethren of Boston, published in the *Boston Medical and Surgical Journal*

of September 11, a summary of which was re-published on the 13th instant in the *Providence Journal*; that the use of scraped or drawn lint, as recently prepared by our patriotic ladies, is rarely deemed necessary in modern surgery, and that its use in *hospital* practice has indeed been injurious rather than beneficial to the patient, especially as an application to suppurating wounds. On the field of battle, however, its use is common; and for that purpose they would now present an admirable substitute, abundant, cheap, and of easy manufacture, viz., the recently invented steam-rotted and bleached *flax-cotton*. Information in regard to this article may be obtained by addressing the Secretary of the R. I. Society for the Encouragement of Domestic Industry.

Providence, September 19, 1862.

JOSEPH MAURAN,  
USHER PARSONS.

**SURGEONS AND ASSISTANT-SURGEONS FOR THE OHIO REGIMENTS.**—At the last examination held in Columbus, August 5th and 6th, and 12th and 13th, a very large number of candidates presented themselves, from which a list of forty were recommended to the Governor for appointment as Surgeons, and one hundred and sixty-three as Assistant-Surgeons, in the Ohio regiments.

An appointment of twenty-five Surgeons and fifty-one Assistant-Surgeons, has also recently been made to the different regiments of the State.

Dr. J. E. Sanborn, of Epworth, Iowa, formerly a fellow of the Massachusetts Medical Society, has been appointed Surgeon to the 27th Iowa Regiment.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, SEPTEMBER 27th, 1862.

##### DEATHS.

	Males.	Females	Total.
Deaths during the week, . . . . .	34	42	76
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	48.3	43.5	91.8
Average corrected to increased population, . . . . .	..	..	102.44
Deaths of persons above 90, . . . . .	..	0	0

##### Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Varicella.	Dysentery.	Typ. Fev.	Diphtheria.
12	13	2	1	1	0	2	2	0

TO CORRESPONDENTS.—Dr. Sawyer's Communication on the Nitrate of Potassa as a Remedy for Intermittent Fever; Dr. Mussey's on the Contagiousness of Typhoid Fever; and Dr. Ruschenberger's on the use of Oakum as a substitute for Lint, are on file for publication.

PAMPHLETS RECEIVED.—A Valedictory Address, delivered at the Public Commencement of the University of the Pacific, March 15, 1862, by Henry Gibbons, M.D., Professor of Materia Medica.

The article in this number of the *JOURNAL* on "Arterial Murmurs," &c., was taken from the London "Medical Times and Gazette." Credit in the proper place was accidentally omitted.

DIED.—At Monson, Dr. H. Cady.—In Dayton, Ohio, on the 17th of July, Dr. Job Haines, in the 69th year of his age, one of the early settlers of south-western Ohio, and one of the oldest and most venerable physicians of the State—Killed, at the battle of Antietam, Sept. 17th, Albert A. Kendall, Assistant Surgeon of the 12th Regiment Mass. Volunteers, aged 34 years.

DEATHS IN BOSTON for the week ending Saturday noon, September 27th. 76. Males. 34—Females, 42. Accident, 4—disease of the bowels, 1—bronchitis, 1—cholera infantum, 13—cholera morbus, 2—consumption, 12—convulsions, 1—croup, 2—cyanosis, 1—debility, 1—diarrhoea, 2—dropsy, 3—dropsy of the brain, 3—dysentery, 2—scarlet fever, 1—typhoid fever, 2—gangrene (of the lungs), 1—disease of the heart, 3—infantile disease, 3—intemperance, 1—inflammation of the lungs, 1—marasmus, 4—measles, 1—old age, 3—paralysis, 1—puerperal disease, 1—unknown, 5—uterine hæmorrhage, 1.

Under 5 years of age, 37—between 5 and 20 years, 6—between 20 and 40 years, 13—between 40 and 60 years, 12—above 60 years, 8. Born in the United States, 56—Ireland, 16—other places, 4.

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Matriculation, \$5. Lecture fees, \$68.50. Graduation, \$15.

**CHARLES HOOKER, Dean**  
New Haven, July 28, 1862.—*of the Faculty.*

**A NEW AND IMPORTANT INVENTION.**—by **DOUGLAS BLY, M.D.** By frequent dissections, Dr. Bly has succeeded in embodying the principles of the natural leg in an artificial one, and by so doing has produced the most complete and successful invention ever attained in artificial legs.

### TESTIMONIALS OF SURGEONS.

New York, Feb. 10, 1860.

When the Palmer Leg was invented, I recommended it to all who needed anything of the kind, because it was an improvement on the old Anglesse leg. And now I have the pleasure of informing them that Dr. Bly has invented a leg which is a great improvement on the Palmer leg. The advantages it possesses over the Palmer leg are:—

*First.* The ankle-joint admits of motion not only anterior-posteriorly, but laterally, which allows the wearer to walk on any grade, or on rough and uneven surfaces, without inconvenience.

*Second.* The ankle-joint is constructed without iron, steel, or metal of any kind; in fact, little or no metal is used in the limb, which renders it very light.

*Third.* The joints, instead of being bushed with buckskin, which requires a renewal at the hands of the maker, when worn, are adjustable, and under the control of the wearer.

*Fourth.* The springs are made of India rubber, and imitate more closely the action of the muscles.

*Fifth.* The action of the springs can be increased or diminished at the option of the wearer, whereby each can adjust the motion of the leg to suit his own peculiar gait.

**VALENTINE MOTT, M.D.,**  
Emeritus Prof. of Surgical Anatomy  
in the University of New York.

New York, Feb. 10, 1860.

I concur in the above recommendation.

**ALFRED C. POST, M.D.,**  
Prof. of the Principles and Operation of  
Surgery in the University of N. York.

New York, 2d mo. 15th, 1860.

I have examined with care the ball-and-socket-jointed leg invented by Dr. Bly, and am satisfied that the mobility of the ankle-joint, whereby the foot can accommodate itself to grades and inequalities of the ground, is a great improvement upon all artificial legs made heretofore.

**JAMES R. WOOD, M.D.,** 2 Irving Pl.,  
Surgeon to Bellevue Hospital, N. York.

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A Pamphlet, containing a full description and illustrations, can be had free of charge, by addressing **DOUGLAS BLY, M.D.,** 558 Broadway New York, or Rochester, N. Y., or Cincinnati, Ohio.  
July 3—1am12t

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Sept. 1—1f 13 Tremont st., Boston.

Boston, July 1st, 1861.

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Feb. 12—1f

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Special attention paid to Military Surgery, &c. Further information may be obtained by addressing

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Geneva, N. Y.

\* **R. STONE, M.D.,** will perform the duties of this department.  
July 31—1015

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All orders answered by return of mail. Should virus fail to give perfect satisfaction, the undersigned will remit a fresh supply, if notified within ten days. Address

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Roxbury, Mass.

*References.*—Dr. Walter Channing, Boston; Dr. Oliver Wendell Holmes, Boston; Dr. R. D. Mussey, Boston; Dr. Henry Bartlett, Roxbury; Dr. Dixie Crosby, Hanover, N. H.; Dr. Josiah Crosby, Manchester, N. H.; Dr. Gilman Kimball, Lowell, Mass.; Dr. S. W. Thayer, Burlington, Vt.  
June 7—1v



### ARTIFICIAL LEGS,

"PALMER'S PATENT," Improved, superior in mechanism and utility. Hands and arms of superior excellence. Feet for limbs shortened by Hip Disease, new, unique and useful. Surgical apparatus and treatment for diseased and deformed limbs. By **E. D. HUNSON, M.D.** (late Palmer & Co.) (City Hall, up stairs, only office), Eighth St., or Astor Place, New York.

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**CHAS. H. SPRING, M.D.** has removed from No. 213 Washington st. to No. 7 Harrison Avenue.  
Special attention given to Diseases of the Spine.  
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Jan. 8—1f

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**REMOVAL.** **DR. CHANNING,** 39  
Sept. 13—6t Mount Vernon Street.

**LEOPOLD BABO,** German Apothecary, No. 33  
B. ylaton street, Boston. Sept. 18—1y



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The Surgeons of the Massachusetts General Hospital recommend this invention over all others. Pamphlets, giving full information, sent *gratis* to all who apply.

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Sept. 18. 19 Green street, Boston.

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Descriptive pamphlets sent free. The patent is owned and Leg manufactured exclusively by the inventor, **D. DE FOREST DOUGLASS,** No. 16 Main st., Springfield, Mass.

Sept. 26—1y

**DR. J. H. DIX** has removed to Boylston, corner of Tremont street, and attends exclusively to **DISEASES OF THE EYE AND EAR.** Dec. 24, 1857.

**NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL.** No. 90 East Thirtieth Street, near Fourth Avenue.

The next Annual Course of Lectures will commence on Monday, October 20, 1862, and will terminate in the early part of March, 1863.

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**B. I. RAPHAEL, M.D.,** Prof. of the Principles and Practice of Surgery.  
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**HON. JOHN H. ANTHON, A.M.,** Prof. of Medical Jurisprudence.

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**WM. BALSER, M.D.,** Assistant to the Prof. of Infantile Pathology.  
**F. S. SNEADE, Janitor.**

A preliminary term will commence on Monday, Sept. 15th, and continue until the Regular term begins. This course will be *GRATIS* to those students who intend taking a full winter Course, and will be as follows:—

On Amputations, by Prof. CARROCHAN.  
" Gun-shot Wounds, by Prof. RAPHAEL.  
" Pregnancy, by Prof. BUDD.  
" Anatomy and Physiology of the New Born, by Prof. JACOBI.  
" Bandaging, by Prof. HOLCOMB.  
" Anatomy of the Regions, by Prof. SMITH.

Material for dissection is abundant, and furnished to students at a mere nominal price.

Daily Clinics are held at the College. Further information as to Lectures, Terms, &c., may be obtained by addressing

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Dean of the Faculty, 91 Ninth Street.

\* Prof. Browne, having received the appointment of Brigade Surgeon, has resigned the chair of Physiology. The chair is now vacant, but will be filled before the commencement of the Course.

Aug. 14—

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THE  
BOSTON MEDICAL AND SURGICAL  
JOURNAL.

EDITED BY  
SAMUEL L. ABBOT, M.D.

Whole No. 1806.] Thursday, Oct. 9, 1862. [Vol. LXVII. No. 10.

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HARVARD UNIVERSITY.  
MASSACHUSETTS MEDICAL COLLEGE.

THE annual course of Medical Lectures of Harvard University will commence at the Massachusetts Medical College, in North Grove st., Boston, on the first Wednesday of November, 1862. The regular course will be as follows:—

Obstetrics and Med. Jurisprudence by Professor D. HUMPHREYS STORER, M.D.	
Morbid Anatomy by . . . . . " JOHN B. S. JACKSON, M.D.	
Clinical Medicine by . . . . . " HENRY I. BOWDITCH, M.D.	
Anatomy and Physiology by . . . . . " OLIVER W. HOLMES, M.D.	
Theory and Practice of Medicine by . . . . . " GEORGE C. SHATTUCK, M.D.	
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Materia Medica by . . . . . " EDWARD H. CLARKE, M.D.	

Demonstrator, DAVID W. CHEEVER, M.D.

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March 21

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March 16

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Ap 24

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July 31—1015

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All orders answered by return of mail. Should virus fail to give perfect *satis* action, the undersigned will remit a fresh supply, if notified within ten days. Address—

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June 7—ly



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Jan. 9—tf

# Bellevue Hospital Medical College, City of New York.

SECOND ANNUAL SESSION, 1862-3.

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## PRELIMINARY TERM.

The preliminary term will commence on Wednesday, September 17, 1862, and continue to the beginning of the regular term, viz., four weeks. In addition to daily instruction in the Bellevue and Blackwell's Island Hospitals, at least three lectures will be given daily during this term, exclusively by members of the Faculty. The didactic instruction during this term will embrace the following subjects:—Surgical Affections of the Breast and Testes, by Prof. Wood; Surgical Affections of the Eye, by Prof. Sayre; Amputations, by Prof. Mott; Surgical Drawings, by Prof. Smith; Inflammations of the Uterus, by Prof. Taylor; the Symptoms, Signs, and Disorders of Pregnancy, by Prof. Barker; Uterine Therapeutics, by Prof. Elliot; Diet, by Prof. McCready; Comparative Anatomy, by Prof. Childs; Diagnosis of Diseases of the Heart, by Prof. Flint; Toxicology, by Prof. Dorenius; Anatomy and Functions of Glandular Organs, by Prof. Flint, Jr.

## REGULAR TERM.

The regular term will commence on Wednesday, October 15, 1862, and end early in March, 1863. During the whole of the Session the Student will have the opportunity of attending, at least, two Clinical Lectures daily. In addition to these, during the regular term, three Didactic Lectures are given on every week-day, except Saturday. The Didactic Lectures are so arranged as not to interfere with attendance in the Hospital wards. Ample time is allowed for accompanying the Visiting Physicians, Surgeons, and Obstetricians in their daily rounds, attending clinical lectures, witnessing surgical and obstetrical operations, and following private courses, without compromising in any degree the regular didactic instruction. Clinical and Demonstrative teaching constituting the great feature of this College, the arrangements are such as to render the immense resources of the Hospitals available to the student to the fullest extent. All the Lectures in this College are given either in the Hospitals or in the College building, situated within the Bellevue Hospital grounds. The Bellevue Hospital receives annually from ten to twelve thousand patients, the average number of cases constantly under treatment during the winter being from eight to ten hundred. Cases of all descriptions, excepting only the eruptive fevers, are received. The annual number of births in the Hos-

pital is about five hundred. The Blackwell's Island Hospital, under the charge of the Medical Board of Bellevue Hospital, contains usually about one thousand patients, a large proportion being affected with chronic diseases. This Hospital always contains several hundred cases of syphilis.

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Twenty-two resident Physicians and Surgeons are annually appointed on the recommendation of the Medical Board of the Hospital, after an examination, and receive a salary adequate to their support.

Fees for all the tickets for the Session amount to \$105. Tickets for one or any number of the seven departments of instruction may be taken out separately. The matriculation fee is \$5. The graduating fee is \$30. No additional fees are required for hospital tickets or anatomical material. Students who have attended two full courses in other accredited schools receive all the tickets for \$50, exclusive of the matriculation fee. Students, after two full courses in this College, or who have attended one full course in this College and one full course in some other accredited school, are required to matriculate only. Graduates of other schools, after three years, are required to matriculate only. Prior to the expiration of three years, they receive a general ticket for \$50.

The requisites for graduation are the same as in other Colleges of this State.

Comfortable board and lodging may be obtained for from \$3 to \$5 per week. The necessary expenses attending a course of lectures need not exceed \$200, exclusive of travelling expenses.

Bellevue Hospital is situated on East River, between 24th and 25th Streets. The entrance to the Hospital is on 24th Street. Students, on arriving in the City, are requested to report at once at the College of Bellevue Hospital. The Janitor will be provided with a list of boarding-houses near the Hospital, and will take pains to aid students in securing comfortable accommodations without delay.

Persons desiring further information are requested to communicate with the Secretary of the Faculty, Prof. AUSTIN FLINT, Jr., No. 74 Union Place, cor. 4th Avenue and 19th Street.

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Compound Rhubarb,	3	Extract of Gentian,	2
Compound Colocynth,	3	Iodide of Potassium,	2
Compound Squills,	4	Calcined Magnesia,	2
Dover Powders,	3	Rhubarb,	2
Carbonate Iron, Vallett's formula.		Ergot Powder, covered with sugar	
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Lupuline,	gr. ½	Extract Rad. Aconite,	gr. ½
Extract Nux Vomica,	½	Emetine,	½
Veratrine,	1-24	Iodide Mercury,	½
Sulphate of Morphine,	1-8	Valerianate Morphine,	1-8
Corrosive Sublimate,	1-12	Acetate Morphine,	1-8
Nitrate of Silver,	½	Digitaline,	1-24
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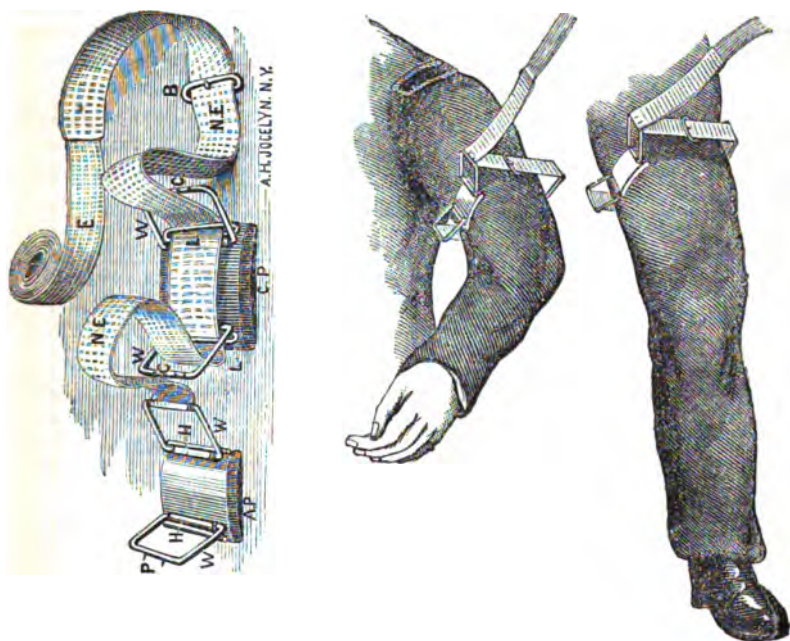
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**GARDNER'S PERMANENT SOLUTION OF FERROXYDE OF IRON.**—The attention of the Medical Profession is called to this novel and eminently successful preparation of Iron. It is becoming so well known, and so generally used, although but a short time before the public, that it has already taken its place among the standard preparations of the day. It contains 40 grains of Ferri Protoxide to the fluid ounce, and is prepared in two forms—bitter and sweet; the former the result of a combination of a vegetable tonic (Quassia), containing no Tannin, whereby a precipitate of Tannate of Iron is avoided; with the mineral. The rapidity with which this article is assimilated is really surprising, usually producing observable effects in chlorosis in from three to six days.

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Albany, May 8, 1863.—11

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Pepperell, Oct. 18, 1860. Jan 9, '63—177.

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Dec. 13.

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THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. LXVII.

THURSDAY, OCTOBER 9, 1862.

No. 10.

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TYPHOID FEVER SOMETIMES CONTAGIOUS.

[Communicated for the Boston Medical and Surgical Journal.]

EARLY in September, 1805, I took lodgings in the south parish of Ipswich, then called Chebacco, now the township of Essex, in Essex County, Mass., with a view to commence the practice of Medicine. At that time there was not, I believe, in the whole parish a single case of serious disease; nothing but some few chronic ailments with old people. One old lady, I recollect, who kept her head covered with, I think, six coverings of substantial cloth to keep the cold out; with whom advice from the doctor, with a pinch of chamomile flowers and another of valerian root, was always very welcome. One of the first professional applications I had, was for a plaster for a sore leg, and I well recollect the solicitude expressed by a gentleman of the place, a good friend of mine, who was present at the time and saw me apply the plaster *secundum artem*. After the patient was gone, he suggested, in the kindest manner, his serious apprehension that I should never be able to establish myself in that parish if I commenced with so high charges. I had charged and received *twenty cents*.

In December, I think it was, of the same year, a young married woman, whose husband was at sea, was brought sick to Chebacco, from a parish in Gloucester five or six miles distant, to be taken care of by her mother, who was very poor and had no female to help her. I was called and left some alterative medicine, to be followed by small doses of calomel at such intervals as the bowels would retain. It was an object with me to get the gums sore, having been taught in medical lectures that if a mercurial tenderness of the gums could be effected the patient would recover; and as the nursing was very imperfect, and the patient getting worse, I went early one day and remained four or five hours, chiefly to see that the medicine should not be neglected. I had no dinner that day, and as I stood by the bedside, an intensely nauseating and oppressive

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smell made an impression at the pit of my stomach, which lasted about two hours, and which it seems to me I can never forget.

The day but one following, I had a chill, and at evening my pulse was 120. I took an aloetic cathartic, with five or six grains of calomel. From its operation I felt so much relief, that the day following I mounted my horse and rode to visit my patient, two miles distant. But I had to encounter on my return a storm of sleet driven by an ocean wind, which seemed to blow through me as through a basket. I went to my lodgings, took my bed, and did not leave my chamber for six weeks. My fever lasted twenty days, at which time there was an abatement. I had delirium, but in a less degree than my patient. For many days I was so deaf as to be scarcely able to hear the church bell, although it was very near. During several days, I had distorted vision. The wall of the chamber on my left, as I lay upon my back, seemed to lean over the bed at an angle of 12 or 15 degrees. My recollection of this is still vivid. It was not one of the creations of delirium; I regarded it then, as I do now; as the result of a morbid impression on the brain or nerves from the fever.

My friend, Dr. G. Osgood, was my physician. He came as an adventurer into the township of Hamilton, four miles distant, about the time that I entered the parish of Chebacco. He was very attentive and kind, visiting me daily, and twice passed the night in my chamber, sleeping at intervals on a couch upon the floor between my bed and the fire.

About the time that I became convalescent, my physician, Dr. O., was taken with fever, which lasted two weeks. During his convalescence, his nurse, Mrs. Roberts, had an attack of fever, which continued about ten days. Two children of the family in which I was sick, one of 7 or 8, the other of 9 or 10 years, for whom I had a strong partiality, came into my chamber almost every morning to ask how I did, and each of them had a mild fever of nine or ten days continuance. These were all the cases that occurred at Chebacco and Hamilton, where there had not been a case of fever for a long time. My own case was the worst after that of my patient.

Whether a mercurial tenderness of the mouth took place in either instance, I am unable to affirm, but I am inclined to the opinion that it did not. My patient died in about two weeks after she was brought sick into our parish; and as I left, as soon as I was able, for a lengthened absence in the country, I never learned many reliable particulars of her case which occurred after my last visit. Within three years after I commenced practice, I learned from observation that a mercurial tenderness of the gums is no sure presage of recovery from typhoid fever. I lost a patient of this description in a neighboring township.

From Dr. Amos Twitchell, one of the most talented physicians ever reared in New Hampshire, I received, substantially, the following statement. Deacon Hilliard, a resident of Cambridge, Mass.,

on his way home from Montreal, where typhoid fever at that time prevailed, was much indisposed on his arrival at Keene, where Dr. T. resided, put up at the principal hotel, and sent for the Doctor. He found Mr. H. laboring under typhoid symptoms. He was very sick for many days (how many I do not remember), was well cared for, and ultimately recovered. There was not a case of fever in Keene when Deacon H. came to the hotel. Eight cases followed, all of them among those who had given attention to the sick man in way of nursing or night watching. Some of those who attended upon the sick had the fever. Dr. T. assured me that he had satisfactory information of about sixty cases in all, which might be traced, either immediately or remotely, to Deacon Hilliard's chamber.

Continued fever, either in summer or autumn, was not a very uncommon occurrence in the village at Hanover, N. H., during my residence there of twenty-four years, from October, 1814. Dr. Nathan Smith, the founder of the Medical School at Dartmouth College, called the cases *typhus fever*, the distinctive marks of *typhus* and *typhoid* not having been well made out till after his time. Effluvia arising from the decomposition of vegetable matter seem to have originated typhoid fever in that region. In a small village on the Vermont side of Connecticut River, eight or ten miles from Hanover, a fever occurred with several individuals of a family. Dr. Smith was consulted, and on making investigation for a local origin, found in the cellar a large quantity of rotten cabbage. He had it all removed immediately, and the sickness ere long subsided—it did not spread among the neighbors.

I remember to have been called to a family two or three miles from the Connecticut River, on the Vermont side, where I think were three persons in one house sick with fever—all of whom were taken about the same time. It was spring; a potato hole had been recently opened, which contained a large mass of that vegetable in a rotten state. On the day it was opened a south wind blew strongly over it directly upon the house, not above twenty-five or thirty yards distant. The potatoes were removed, the fever subsided, and there were no additional cases.

A striking instance of fever originated in the village near the college. It began the latter part of August, 1831. Mr. W., a mechanic, had hired a house and rented some rooms to students whom he took as boarders; and had, in addition, a number who took their meals at his table but roomed elsewhere. Mr. W. himself was the first taken with fever, and in a few days his recovery appeared quite doubtful. I visited him from the 25th of August until the 6th of October, 1831. Two of the roomers were soon down, and ere long another, while several of those who roomed out were drooping, and being too sick to pursue their studies, left for their homes in the surrounding country. There were *thirteen* cases of fever in all from among those who ate at Mr. W.'s table, and one death of a student who went home with the fever upon him. I never learned that this fever was transferred by contagion.

After the occurrence of several cases, I commenced exploring the premises with a view to detect, if possible, a local origin of the malady. The house had not been built many years, and the rooms all looked fresh and cleanly. I went into the cellar. It had a floor of unplanned boards, which lay upon sleepers imbedded in the muddy bottom, and the space between the mud and the boards, for nearly the whole extent of the cellar, was occupied by water. I turned up one board after another, and found the surface which had been exposed to the wet so decayed and soft, that I could thrust the point of my finger some way into it. At one corner of the cellar there was an opening large enough to receive a common sized bucket, and the water seemed deeper there than elsewhere. This water was used, as I learned, for washing the potatoes that were to be eaten at their table. Believing that I had found evidence enough of vegetable decomposition, I made such a statement to the owner of the house as induced him to make a drain to his cellar. I cannot learn that there has been fever in that house but once since, and that was in 1842—there were then two cases, no death.

Many a college student who had fever in the fall term, seemed to have brought the seeds of the disease with him, for he had scarcely got settled at his room when the attack was made. Watchers, who professedly look to patients during the night, if they fall asleep and neglect ventilation for an hour or two are liable to imbibe the effluvia in too concentrated a form to escape. My eldest son watched one night with a young friend, Mr. F., and soon had an attack, and was sick two weeks. About this time there were several cases in the village. All had more or less delirium, one had double consciousness, and one or two, bloody discharges from the bowels.

Will it be questioned whether any of the foregoing cases had the marks of the typhoid or enteric fever of the present time? The scattered petechiæ upon the abdomen were not described till long after the occurrence of the cases at Chebacco and Hamilton, and even now it would not be safe to consider their presence as essential to the typhoid variety, as in many instances, during the whole course of the sickness, where typhoid prevails in a community, this feature is not present; but delirium, deafness, distorted vision, with now and then bloody discharges from the bowels, are leading features in the physiognomy.

R. D. MUSSEY.

*Boston, September 27, 1862.*

## OAKUM AS A SUBSTITUTE FOR LINT, IN GUNSHOT AND OTHER SUPPURATING WOUNDS.

By W. S. W. RUSCHENBERGER, M.D., U.S.N.

[Communicated for the Boston Medical and Surgical Journal.]

UNDER the above title, Lewis A. Sayre, M.D., Surgeon to the Bellevue Hospital, has published an article in the "*American Medical*

*Times*” for August 9, 1862, in which he states that he has “for many years past been in the habit of using picked oakum, in all cases of suppurating wounds, particularly in connection with opened joints, where the suppuration is excessive.”

The reasons for this practice he briefly states. They are substantially, that one of the objects of lint applied to a suppurating wound, is to absorb the discharge; that lint, being composed partly or entirely of cotton, serves rather to retain than absorb the secretions, and therefore we are to infer that it is not well adapted to the purpose for which it is employed in such cases.

To show that lint has little or no absorbing power, he alleges that a bale of cotton immersed in the river for a month or longer will be found perfectly dry in the centre, thus proving that it will not absorb moisture. “So,” he says, “when [cotton? is] placed over a suppurating wound and left some hours, it will be found perfectly dry except at the point of contact; acting, in fact, like a bung in a barrel, or a cork in a bottle—to prevent the escape of the pus—which necessarily burrows in different directions, thus forming extensive abscesses, and adding greatly to the danger of the patient; and when removed, the pus will gush out in great quantities. Now, if you place picked oakum over the same wounds, you will find, after the same number of hours, that the oakum is perfectly saturated with pus, and the wound itself perfectly dry and clean—the oakum acting like a syphon, and discharging the contents of the abscess by capillary attraction.”

It is not perceived that there is any very striking analogy between lint, whether composed entirely or partly of cotton, and a bale of cotton, or free unmanufactured cotton. If the argument proves anything in the premises, it is, that the capillarity of cotton in bale is much less than that of loose oakum, but it does not prove that the capillarity of lint is inferior to that of oakum. It may not be out of place to remind the reader that capillarity depends more upon the form or arrangement of matter than upon the matter itself; although the capillarity of cotton is comparatively small, we know it is very considerable in lamp and candle wick, and other articles or tissues made of cotton.

“In gunshot wounds which go through and through a limb, particularly if made with a ‘Minié ball,’ the whirl or screw of the ball entangles in its thread the muscular fibres and cellular tissue, and separates them from their attachments for a long distance from the real track of the ball itself.” Dr. Sayre, “in all such cases where no blood-vessels prevent it,” passes an eyed probe through the wound and draws “through it a few fibres of the oakum or tarred rope, which keeps it perfectly free, and the tar is a very excellent antiseptic and removes all unpleasant odor.”

How far Dr. Sayre’s practice of treating perforating gunshot wounds with “tarred rope” setons may be followed, we may not conjecture, but, admitting the antiseptic properties of tar, we per-

ceive no cogent reason for its adoption. As a general rule the presence of foreign substances in wounds of any kind does not accelerate their healing.

It may be fairly inferred that, in the opinion of Dr. Sayre, lint possesses the same degree of capillary force as cotton, either free or strongly compressed in a bale, and that oakum has much greater capillary power than either cotton or lint, and for this reason he suggests that oakum should be substituted in the place of lint, not in all cases or under all circumstances, but only in gunshot and other suppurating wounds.

Some may ask, what is oakum?

Hemp is spun first into yarns which are imbued with about fifteen per cent. of tar, at a high temperature, and then these yarns are laid or twisted into rope. The tar is applied for the purpose of diminishing as far as possible the capillary force of the rope, and, by thus excluding the moisture to which it is constantly exposed, of retarding its decay. But in spite of the presence of the tar, rope is found to lose its tenacity or strength in the course of from one to ten years, according to the uses to which it may be applied, and being no longer serviceable as rope, it is cut up, and shredded and converted into oakum, which is used for caulking or filling all seams or joints in ships, for the purpose of excluding moisture.

Tow is the refuse or scrapings of hemp or flax.

In order to obtain an idea of the comparative absorbent power or capillary force of oakum, cotton, lint and tow, small parcels of these articles, of ascertained weight and dimensions, were gently placed on the surface of water in a basin, and carefully weighed again after removal. The weight of water absorbed by each, thus ascertained, is stated in the following table:—

	Weight.	Dimensions.	Time in contact with water.	Weight of water absorbed.
Cotton (wool) . .	40 grs.	3 in. diam.	1 hour 10 m.	8 grs. = 1.5
Oakum . . . .	"	2½ "	do. do.	10 " = ½
Tow (from hemp)	"	2½ "	do. do.	250 " = 6.25 tms.
Coarse Lint (shoddy)	"	2½ "	1 minute	280 " = 7 "
Scraped Lint . .	"	2½ "	instantly	298 " = 7.45 "
Patent Lint . . .	"	1½ by 3 in.	4 minutes	209 " = 7.47 "

Forty grains of cotton submerged and slightly squeezed under water for a few seconds, was found to retain, without dripping, 270 grains; and an equal weight of oakum treated in the same manner, only 94 grains of water. The oakum retained little more than twice its weight, and the cotton nearly seven times its weight of water.

The inference from these experiments is that the capillary force of patent lint is nearly thirty times, and that of tow twenty-five times greater than oakum; and the capillary force of oakum is only



one fifth greater than that of cotton. Oakum absorbed one fourth, and cotton one fifth of its weight; but tow 6.25 times, coarse lint 7 times, scraped lint 7.45 times, and patent lint 7.47 times its weight of water.

If the property of capillarity alone is to determine the choice of tissue or substance for covering suppurating wounds, any description of lint or tow is to be preferred to oakum.

Tow has been long employed as an outside dressing or recipient of profuse discharges; and also as a swab in cleansing offensive suppurating wounds, where sponge was not sufficiently abundant to be expended in this way. The objection to tow is, that there are apt to be sharp or hard spiculæ adhering amongst its fibres, which give pain when brought against a sensitive surface; but this objection may be obviated by carefully selecting and carding the substance. A better substitute for sponge for cleansing purposes in surgery is cotton wool, which, saturated with soap suds, or simply with tepid water, and held in a dressing forceps, forms an admirably soft application that may be used where the finest sponge would be found by the patient rough and harsh. Indeed, considerations of cleanliness and of avoiding the diffusion of morbid matters from patient to patient, suggest that sponge used once as a detergent implement should not be used in the case of any other individual, and not too often on the same person. Cotton or tow forms a detergent implement so cheap that it may be renewed at every dressing, and ought to be substituted for sponge without any reference to cost, for cleansing purposes.

It is said that cotton or lint placed over a suppurating wound serves to *prevent* the escape of pus, and that oakum should be substituted. But, it seems that oakum as well as lint may block the way and hinder the flow of the escaping liquids, if not removed when saturated. Then why should a copiously discharging wound be enveloped in any capillary material; why not permit the discharge to flow without impediment of any kind? Any contrivance which would keep the wounded part at a normal temperature, whether in the form of oiled silk, or other tissue not readily permeated by moisture, or in shape of a simple veil or shield from flies in hot weather, might prove more salutary than the effects of a bunch or pledget of wiry oakum secured over it by bandage or otherwise.

Supposing that oakum possesses all the qualities claimed for it in the instances specified, it cannot be regarded as a substitute for patent lint, because there is often necessity for just such a pliant tissue to serve as the vehicle in the application of ointments to morbid surfaces—such as blisters, for example.

Substitutes are almost always defective expedients. Whether they are adopted from parsimony, poverty or other reason, they rarely satisfy the requirements they are employed to meet. The workman who uses implements in all respects adapted to his voca-

tion produces more perfect results than he who labors with a paucity of tools, and hence, driven to expedients, is compelled to require from his awl the work of a gimlet.

Oakum is, doubtless, applicable as a substitute to some ends. It may answer as an external dressing, a mere recipient of liquid discharges; but for such purpose, as it costs much more and has less capillarity, it is a poor substitute for tow. Its application to the uses to which patent lint is especially adapted could be suggested only where no soft tissue is procurable. Canton flannel would answer the place of patent lint better than oakum; but comparing their adaptability to the object in view, the propriety of substituting Canton flannel, at thirty-five cents the square yard, for patent lint, while this is procurable at forty cents, does not commend itself to notice.

#### AMPUTATIONS AND OTHER MAJOR OPERATIONS.

FROM an admirable letter by Dr. HENRY W. DAVIS, addressed, from the "Army of the Tennessee," to Dr. Stormont, Secretary of the Esculapian Society, and published in the *Chicago Medical Examiner*, we make the following extracts:—

"This is a heavy text, but I will try to be brief. Experience has taught me that however much good surgery may be taught, there is a good deal of bad, practised; and a vast amount of unnecessary mutilation. The first question is: What amount of injury will justify an operation? This is, of course, dependent on a thousand outside influences, which must be thrown on the balance for and against. On the field, where an operation is unavoidable, the *sooner the better*. If reaction is slow, *give chloroform*; relieve the pain; remove the effects of the shock; unloose the vital powers, which struggle hopelessly against an overwhelming injury; and then the sooner the system is relieved from the torn and lacerated limb, and a clean cut supplies its place, the better for the patient and the surgeon. *Primary operations are alone successful in saving life*, where it is life or limb, and they must be performed prior to, or during the stage of reaction. They must be performed on the field, before the removal of the patient, or the chances are lessened a thousand fold. There are what are called secondary operations. These are made up of the *removal of a limb* (after the stage of healthy reaction is passed), *and the death of the patient*. I will endeavor to make myself understood without being prolix.

"When a patient suffers from a compound injury made up of bruised and lacerated flesh and broken bone, without involving the loss of the important vessels, the rule is to *amputate*; the *books* say *amputate*; professors of surgery, who visit our battle fields with a score of students at their heels, say *amputate*; and the students at the professor's heels *do amputate*. It matters not to them whether

the wound is four hours or four days old, off goes the limb, and out goes the patient; for I challenge denial when I assert that ninety-nine of every hundred of those who were operated on during the *irritative* stage died. This irritative condition commences from twelve to forty-eight hours after the reception of the injury, and continues from seven to twenty days, or longer, according to circumstances; and there is no opportunity for the use of the knife during that period, be it long or short. Here, among these cases, conservative surgery finds its field of labor, and the conservative surgeon his element. The knife, for the removal of a limb, is foreign to his thoughts; but every energy is exercised, not only to save life, but to save the important member. He watches his patient closely; sustains his strength; guards against accidents; notes his pulse; and, finally, when the system has become accustomed to the injury, and manifests its regained power and equalized action, by the formation of healthy pus, he asks himself the question, 'How little can I venture to throw away?' and acts accordingly. Conservatism, *even in military surgery*, will stand the test; and no sooner is the *itch* for cutting allayed, by an overplus of work, than the most devoted tinkerer with the knife is more disposed to try to save a limb than acquire skill. It may be that I am reviewing only *two* of the *three* sides to the question, and am not judging impartially; but time will, I believe, bear me out fully in all important points.

"At Donelson, I worked for four days, in the rear of my division, most of the time dressing the wounds on the spot where the patient fell. During that fight, I dressed 118 wounds, involving many minor operations, and performed 16 capital operations. Not one of the operations performed on the field had an unfavorable termination, while of those where I was *compelled*, as a *dernier resort*, to use the knife two days after the battle or longer, *scarce one lived*. It is true the latter were few, but they sufficed to prove to me conclusively, that when the first opportunity has been lost, the second rarely or never presents itself: unless connected with some untoward circumstances, rendering extreme measures necessary. Your patient will die if you operate, and if he survives the shock, passes the irritative stage, aggravated by transportation, the conservative surgeon will always have sufficient faith in the skill of nature to help him save a limb, and with it a life.

"I will pass from Donelson to the post hospital at Savanna, where our worthy President found me with 1685 wounded soldiers, from the battle field of Shiloh. The surgery at this point was conservative through compulsion. Overwhelmed with the rush of patients, and being compelled to create something out of nothing, it was many days before I could give a thought to other than administrative duties belonging to my position. Among the assistants assigned me were only *two* who had any practical knowledge of surgery. On visiting the hospitals, and taking a general view of all the cases, I could only say, '*Wait, give them time.*' For eight or ten days after

the battle, I still said, 'Wait.' Many of the wounds were destructive in their character, and the knife was the only remedy; still I begged them to wait; because not a single case had yet recovered from the shock, or passed the irritative stage which followed. The pulse was rapid and feverish; the face flushed; the wound angry, and discharging a bloody serous fluid; the immediate and adjacent parts to the injury were sensitive to the touch, and the whole system controlled by it, and morbidly irritable. I was winning no enviable reputation fast; and yet, knowing this, I begged them to still wait. On the second Monday following the Sunday's fight, four amputations—one of the thigh, one of the leg, and two of the arm—were performed in a hospital, under the control of two surgeons from the East. On the next day, there were *three* funerals, and on Wednesday *one*. The four cases *died*. The surgeons were alarmed, as they had a right to be; and again I said '*wait*,' so far as the *rest* were concerned; and wait they did. There were causes operating on these cases, and against them, that I will briefly narrate. Many of the wounded were stricken down on Sunday, and lay on the field for many hours, until the lost ground was retaken. They were piled into ambulances, taken to the boat, and shipped to Savanna. Here they had shelter and food; but long before we could secure the comforts which are indispensable to the *amputating* room, the first *chance* had passed by, and the only hope was to await the second. From the twelfth to the fourteenth day, I commenced work; wine, tonics and good food had been doing their work, silently but surely; and I trust I may say, without egotism, that many a poor but gallant fellow is living to bless that word, *wait*. It was at this time that Dr. TenBrook dropped in, and put his shoulder to the wheel, with an energy and good will that lifted *me* out of the slough of despond, into which I was fast drifting, together with a couple of hospitals full of wounded. There were not many operations during his stay; but they were mainly of a character calculated to *illustrate* the subject in hand. There were some amputations of the arm, fore-arm, thigh, and leg. The patients, with but a single exception, had not suffered by the delay, and with that exception, they all recovered from the operation. There was a class of cases of greater interest, from the fact that the injuries primarily were such as to justify amputation; and had they been met at the proper time, with ordinary facilities, even the *conservative* would have been inclined to remove the injured limb. As it was, they slipped through the hands of the surgeon, until they were seen with a view to the performance of an operation which would save the limb without increasing the risk to the patient's life. With Dr. TenBrook the following operations were performed:—

"Lieut. S., gun-shot wound, fracturing the tibia for  $5\frac{1}{2}$  or six inches, breaking it into fragments. Twice had a *brace* of *Brigade-Surgeons* met to cut it off, and twice did I enter a protest; the second time, in a very unmistakable manner. The time was not yet for

operating, and amputation was *not* the operation. After extension was made sufficient to adjust the broken, but not comminuted fibula, and allowing time sufficient to allay the local and general irritability, an operation was performed, by which the removal of all the fragments of bone was effected, and the ends of the upper and lower fragments sawed off; under the influence of chloroform he bore the operation well. A simple fracture-box was applied, which allowed complete dressings; after a few weeks, he left for home, with a certain prospect of recovery, with a good, reliable, and useful leg.

"J. V. H., a private, was injured by a rifle ball, which shattered the ulna, for several inches just below the elbow-joint. The suppurative stage was fully established; his appetite good; and his spirits rather above par. It was one of those cases which might have been operated on a week previous, and which would not have suffered from a few days' delay. In company with Dr. TenBrook, we witnessed the operation, as performed by Dr. ———, the Surgeon-General from Wisconsin. The shattered fragments were removed; the ends of the shaft above and below clipped off; and the wound closed. In this case the capsular ligament was uninjured, and the integrity of the joint undisturbed. The recovery was rapid and complete. There were several cases similar to these, which Dr. TenBrook can give you in detail; and among them all, I do not know of a single case that terminated unfavorably.

"During the week following the departure of Dr. T., I was visited by Prof. Johnson, of Chicago, Lind University. Time had settled the fate and determined the character of many of the surgical cases in the hospitals, and as the weather was propitious, and all things forward, we put in a week of honest, earnest, and successful labor. Many important operations were performed, carrying the knife and saw through almost the entire range of military surgery. The amputations were few, and bore a small proportion to the aggregate. The question as to the advantages of the circular over the flap operation was fully discussed, and specimens of both exhibited; and notwithstanding Prof. Johnson is high authority with me, still I will have to see better recoveries and neater stumps than I have yet, ere I give up the neat, safe, and reliable stump, resulting from the circular operation. There were three resections of the humerus, for injuries to the shoulder-joint; all did well up to the time of my departure, and each would have justified *amputation* on the field. \*

\* \* \* \* \* Some of the ideas deduced from experience will not accord with the surgery of the wars of Napoleon or the Crimea. There is too much surgery practised, such as it is, and too many mutilations are justified by recognized authority. The surgical history of the army from the North-west is being, or will be, written; and the writer has a splendid theme to urge on his pen. It is to be hoped that the historian will be just and fearless, in the performance of his duty—not his task; and that the Department will never again commit the gross errors which have marked the campaign of 1861-2."

**Army Medical Intelligence.***To the Surgeon-General.*{ CARROLLTON, LOUISIANA,  
SEPT. 18, 1862.

DEAR SIR,—Since writing to you before, the only event breaking in upon our quiet routine is removing from Baton Rouge to this place.

We have now been here about three weeks, and begin to feel like old settlers. My regiment, as a whole, is slowly climbing up from out the slough of prostration, into which it was plunged by the Vicksburg swamp. But I find convalescence is slow and halting, the system in many cases seeming so thoroughly poisoned as to leave hardly vitality enough for recovery even after the fever is entirely checked. Hence, not a few of my poor fellows linger along for a while in a sort of doubtful, vacillating convalescence, now a little better and then losing again, until a little attack of diarrhoea or something of the kind tips the scale and they drop away suddenly. Very few exhibit that vigorous recuperative power so often seen in recovery from our New England typhoid fevers.

I occupy the Court House as a hospital, and as soon as I get the bedsteads, mattresses, &c. promised me by our new Medical Director, Dr. McCormick (who is taking hold of the work here with great energy and practical good sense), I shall feel more nearly satisfied with the accommodations and comforts I can give my sick than before since I came to this department.

My own health is much improved since I came to Carrollton, and I find the facilities for the study in my own person of the anatomy of the skeleton, are decreasing fast. The latest reminder of the swamp came in the form of a perfect specimen of periodical neuralgia in my right eye and brow, which for nearly a week rendered me unfit for anything during the forenoon. But thanks to that king of drugs, sulphate of quinine, I am now "all right." I have never been sick in bed really but one day, since I left Massachusetts, and then I got up at 5, P.M., and moved my hospital of one hundred and odd patients before the "clock tolled the hour for retiring." There have been many days, however, that had I been in old Haverhill, my favorite patients would have called in vain for my services.

Two of my wounded officers, Lieutenants Gardner and Tenney, have gone home, so you may quite likely see them. Both of them were doing finely when they left. Lieutenant Howe, with both his thighs shot through, one femur as well as one rib being fractured, has done most magnificently. The wounds from the balls are nearly healed, and the fracture of the femur is uniting splendidly. The best thing I did after the battle of Baton Rouge, was to do nothing in this case—and I took the responsibility with not a little fear and trembling. But after I had decided not to operate at first, I was determined my ideas should have a fair trial, so I kept him with me after all my other wounded had gone. I hope soon he will also go home to his friends until again able for active service.

A month or so ago, I had quite serious ideas of resigning next month, but according to the latest news it does not seem at all appropriate for any one who can be of any service to the Union cause to give back now. No, Doctor, it would seem too much like deserting a friend in distress to resign at present, if I am able to do my duty.

The papers have told of the appointment of *two* second Assistant-

Surgeons for this regiment, so I judge there must have been some mistake in the first, and I haven't yet seen the second. When he comes he will probably be at once detached from the regiment, at some fort or hospital, as there is quite a demand for surgeons for such service. Dr. Holt and I are not now overworked. He is at the camp, which is five miles away, and attends to the sick in quarters (about 60 unfit for duty), while I take charge of the 120 in hospital. As the numbers indicate, I take all who are much ill into the hospital. I think they do better so. I remain, with the highest respect,

Yours most sincerely, S. K. TOWLE,  
Surgeon 30th Regiment Mass. Vols.

*To the Surgeon-General.*

FREDERICK, MARYLAND, }  
SEPT. 13, 1862. }

DEAR SIR,—I do not remember having written to you since the regiment was at Dawfuskie Island in South Carolina, although from time to time I promised myself the pleasure of doing so. The constant excuse of "want of time to write as I wished," applied all along—for I attempted on several different occasions to write you a letter, but met with interruption each time. The same excuse would apply equally well even now, for we are now lying in a field within hearing of cannonading, and momentarily expecting orders—but just liberated from captivity, I feel that I must account for myself in some way, and will make use of the inconveniences of my position only as an apology for using a lead pencil instead of ink, which cannot be had at this moment.

After leaving Dawfuskie Island, towards the last part of May, the regiment touched at Hilton head, and thence went to James Island, where, after a month of "life in swampy land," enlivened by frequent skirmishes, and rendered memorable by the battle of June 16th, in which our attempt to take by assault a strong earthwork of whose position, strength and surroundings we knew nothing, resulted in the useless slaughter of many men, we eventually learned that Charleston could not be entered just at that time; and after having been tossed about from one transport vessel to another for some time, the need of troops in General McClellan's army, occasioned by the famous week's fighting before Richmond, induced our transfer from Hilton head to Newport News, where we remained from the 16th of July to August 4th. On the 4th August, sailing, nobody knew whither, we left Newport News, and, landing at Acquia Creek went to Fredericksburg by railroad, but it was evident that we would not be permitted to rest there; and after almost a week spent in continually changing camp about Fredericksburg, and "cutting down" what little baggage remained after the "cutting down" we had been obliged to submit to at Newport News, we again started on a mysterious march, and reached Culpepper some days after the battle of Cedar Mountain. At Newport News we had received orders to leave behind, "in store," all baggage that was not indispensably necessary, and at Fredericksburg the orders for the cutting down of the baggage were so peremptory that the officers were obliged to store their personal effects, excepting only what they could carry themselves. And as the insufficiency of transportation from Hilton head to Newport News had robbed me of the ambulance wagons and transport wagons received from the State, I was obliged to look to the Quartermaster for the transportation of

what medical supplies I deemed indispensably necessary, storing what could not be carried. We started on our journey without having a single ambulance wagon for the whole division.

Our stay in the neighborhood of Culpepper was not of long duration. The men were foot-sore and fatigued, but they were destined to have no rest yet, and their forced march to Culpepper was merely a precursor of another forced march backward again—for at midnight of the 18th ult., a sudden "skedaddle" was made towards the forts of the Rappahannock, and indeed ever since our leaving Fredericksburg we have been on the march, alternately skedaddling and pursuing.

About noon of the 26th August, we reached, in the course of our rambles, Warrenton Station. On the following morning it was ascertained that the Confederates were in our rear, that they had burned bridges on the railroad, had captured and destroyed a very long train of heavily laden cars, and we set out forthwith for Manassas.

*On the Potomac, Sept. 20, 1862.*—My attempt to finish a letter on the 13th, was, as you will perceive, a failure. But lest I might have to postpone a letter to an indefinite period, should I wait for an opportunity to finish one at a single sitting, I will take the liberty of finishing it by instalments. "Secesh" is now across the river—a portion of our troops have crossed after them, and we are now supporting a battery which at this moment is banging away from the Maryland side.

In what I wrote on the 13th I had commenced the journey from Warrenton Station to Bull Run. On the 29th we were in the field—on the 30th we opened the fight, and on the evening of the 30th I was a prisoner, surrounded with dead and dying, and wondering that I was not one of the number; for apart from the dangers on the field itself, where a proper attention to duty on that day required that I should be exposed to the shot and shell as much as others, the first intimation I had of our being "surrounded" at the place to which I had eventually got the wounded (near a house), was a volley of musquetry poured into our midst, and the dead bodies of many who a few moments before were but slightly wounded, testified to the effects of it. From this time to the time when we eventually succeeded in obtaining transportation for the wounded to Washington, we had what may well be termed "hard times." During the first few days we could obtain neither food nor dressings. We had nobody to bring wood or water for the wounded, or give them proper attendance. And although generally the Confederates were liberal of kind words, it seems they had nothing else to give us.

After the first few days, however, Dr. Coolidge (or Couldridge, I know not which) a Medical Inspector, U.S.A., arrived on the field, and was surprised at the state of things as he found them, so different from what he had been led to expect, from what had been told him. And to his untiring efforts are we indebted for having been able to get away even as early as we did, for he took hold "with a will," ignored *red tape* altogether, and in the most self-sacrificing manner devoted himself wholly and solely to the relief of the hundreds who were perishing from what seemed to be the neglect of government. Food and medicines in abundance were soon on hand, and he thought not of rest until he had succeeded in removing within our own lines every man that could bear transportation.

Much is due to him for the part he performed, and I trust his merit



may be rewarded. While on the field, during the battle, I had taken off my coat so as to be unimpeded in attending to the wounded, and while removing them afterwards, when obliged to shift position, I forgot all about it, never thinking of either coat, horse or blankets until night, when I found myself in my shirt-sleeves, without any means of keeping myself warm through the night; and it was thus that I spent the whole of my captivity.

On the 8th inst. I succeeded in obtaining ambulance wagons enough to transport what wounded remained at the building in which I was principally engaged, towards Washington, and travelling through the night, we reached Fairfax Seminary Hospital, near Alexandria, about 2, A.M., of the 9th. Learning where the regiment was, I joined it at once, and was delighted with the sight of many more friends than I supposed had escaped from the slaughter of the 30th ult.

On the Monday after the battle of Bull Run No. 2, the regiment was again engaged at Chantilly, where it lost heavily, but I of course was not there, and the knowledge that Dr. Snow, too, had been taken prisoner, which I learned on the 2d or 3d day after the battle, made me the more anxious to rejoin the regiment as soon as possible. Dr. Snow was enabled to join the regiment a few days before I could. Previously to my leaving the battle field for Alexandria, a Pennsylvania regiment, the 139th, arrived for the purpose of burying the dead. The bodies lay in heaps in the woods, and met one at almost every step, and the air was filled with the smell of putrefying bodies; but of all who lay there (the Confederates carried off and buried their own) I did not see one whose pockets had not been picked or which had not been robbed of its shoes.

When I joined the regiment it was on the march towards Frederick City, and every day since it has either been in a fight or expecting one. At the battle of South Mountain we had but few men wounded. On the 17th, the killed and wounded amounted to 42. Since then we have lost none.

Dr. Snow did not feel well when we were about to pass through Sharpsburg, and he has therefore been left behind in charge of those who were wounded in the battle near that town, and I am now alone. Dr. Snow has ever attended to his duty well, and deserves honorable mention; but I feel it particularly incumbent upon me to speak of the hospital Steward, Dr. John C. Barrington. While Dr. Snow and I were captives at Bull Run, the whole charge of the regiment devolved upon him. During the battle at Chantilly he attended to the wounded. During the intervening period previously to our joining the regiment, he was its only reliance, and I consider myself and the regiment fortunate in having secured the services of such a man.

The fact that at any moment orders may start us off again, as well as the fact that this letter has already, in spite of my attempt at condensation, become quite a lengthy one, will prevent me from extending it any farther.

It would be useless for me to attempt to give a list of the killed and wounded, as for much of the time I was not with the regiment, and should therefore have to send a list for which I could not vouch; while, again, the regiment is in such a bad condition from want of officers, that it is difficult to determine whether the "missing" became missing in battle, or straggled off to avoid battle.

We have neither colonel, lieutenant-colonel, nor major. *Three*

companies have *no commissioned officers*—four have only *one* each, and the other *three, two* each. The regiment is therefore in a very bad state, and unless the Governor will furnish us with a good head as the commencement of a re-organization, I fear the regiment will become wholly demoralized. However, trusting that all may yet be well, I close with respect.

P. A. O'CONNELL,  
Surgeon 28th Mass. Regiment.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, OCTOBER 9, 1862.

ABUSE OF ARMY AMBULANCES.—In the interesting communication of Dr. Bowditch, on the subject of the want of system in the ambulance arrangements of the United States Army, published by us two weeks since, several details of the recklessness of the drivers, as mentioned by him at the meeting of the Society for Medical Improvement, were omitted. In our opinion these facts should be known, as furnishing additional evidence of the need of thorough reform in this department. Dr. Bowditch particularly dwelt upon the malicious pleasure which the drunken drivers took in doing all the damage they could to the valuable vehicles entrusted to them, by the most unnecessary collisions. One special source of amusement to them was to try to drive the pole of the ambulance into the back of the one in front, and it was a particularly gratifying evidence of skill, if the driver succeeded in striking the head of the cask placed beneath the seats and projecting slightly at the back of the vehicle, and intended to hold water for the use of the wounded. This triumphant tilt was run by the man in charge of the ambulance in which Dr. Bowditch was riding, with the successful result of knocking it from its attachments into the road, where it was left, as none of the men would take the trouble to replace it. We say casks *intended* to hold water. In the present instance, it happened that not one in the whole train would do this; they had all been allowed to dry until they were as leaky as so many sieves; so that their loss was not a matter of such moment as it might have been. Mentioning the circumstance a few days since to a friend who had been in the army, he remarked, that he never saw an ambulance cask yet that *would* hold water.

Dr. Bowditch also referred to the extreme danger, incurred by the sleepy and drunken drivers, of running their vehicles off the precipitous banks on either side of the road, and said that the leader of the train informed him that, a short time before, he barely had time to turn aside the horses attached to an ambulance, full of wounded, from the brink of a precipice twenty feet high, over which the whole would have gone the next moment. The driver was asleep! Truly who can doubt the need of a thorough reform of such outrageous abuses?

Thus much had we written, when we received the following communication from Dr. Bowditch, to which we gladly give place:—

It is painful, yet it ought not to surprise us, to see how many mistakes have necessarily arisen, during this terrible rebellion, owing, first, to the utter disbelief on the part of the North in the really revolutionary views of the Southern leaders; second, to our own igno-

rance of the arts of war, and of the means of alleviating the sufferings incident thereto; and third, to the fact that, in very many instances, we still endeavor to manage an army of more than half a million of men by rules of war established for a few thousands. In nothing, perhaps, have we suffered more, from the last two causes, than in the whole arrangements for the transportation and care of the sick and wounded on and from the battle-field. It would, *a priori*, seem natural that the first thought of a truly paternal government, after having made arrangements to strike a decisive blow against an enemy, would be to make most ample provision to alleviate the sufferings of those of its children who would necessarily be doomed to endure much, even under the best system that could be devised. No *extra* suffering, and every alleviation of absolute misery, should be the watchword on such an occasion. I regret extremely to feel that, judged by this rule, our government has heretofore totally failed in one department, at least, of its service, viz., the ambulance system, or no system, as it may more properly be called.

The extraordinary statements by Dr. Coolidge, Medical Director at Centreville, that the drivers of the ambulances broke into the hospital stores, drank the liquors and would not help the wounded until whiskey was given; my own account (see this JOURNAL, Sept. 25) of the abominable misdeeds of these same or similar miscreants, during our excursion to relieve the starving and wounded at Chantilly, near Centreville; and finally, numerous individual statements (*New York Times* and also *Medical Times*), confirmatory of the same fact of gross misconduct, and of the essentially degraded character of most of these drivers; all these things are my reason for bringing the subject again before the readers of the JOURNAL. *Some change must be effected.* I am thankful to see that correspondents in different journals in this city and New York, are discussing various plans, and as the great object we now ought to have in view is to have *some* plan, instead of *chaos*, as at present, I write the following brief abstract of what foreign governments and our own have done in the premises, and will finish with giving what I know to be the carefully thought-out suggestions of the present humane and able Surgeon-General Hammond.

On the 2d of April, 1855—only six years ago—Jefferson Davis issued his instructions to Majors Delafield and Mordecai, and Capt. G. B. McClellan, to visit Europe for the purpose of learning everything possible, relative to modern systems of warfare. The Crimean war was then in full operation, and Sebastopol was besieged. Every subject connected with the carrying on of war was carefully suggested for investigation in the instructions given to the Committee. One item among them was as follows:—"The kind of ambulances or other means used for transporting the sick and wounded."

Capt. (now United States Major-General) McClellan, makes no allusion to the subject in his "Armies of Europe." Of Major Mordecai's opinion, I know nothing. But the following, from Major Delafield's report (*Senate Document*, June, 1860), becomes important in considering the question of what we should do, in the present emergency.

Major D. says, page 68, that "never before was so much attention paid to this branch of the military service" as during this celebrated siege, and in front of Sebastopol. And in this connection he pays a high tribute to that remarkable woman, Florence Nightingale, "as the foundation of power, from which all the new arrangements and ap-

pliances emanated." It seems that several kinds of *carriages* were used among the allied and Russian armies, according to the ideas of those having the control of each. The smaller ones, those capable of passing and repassing anywhere, were the best. Wrought-iron *chairs* or *litters*, two hung like *pack-saddles* upon mules' backs, were of great service. One hundred and sixteen chairs or litters were in use at the bloody battle of Inkermann, and sufficed to transport all the men in a very short time after the action terminated; "proving," says Major D., "that they combined greater advantages than any previous arrangement."

The English organized a "brigade for hospital conveyance"—(*Report*, p. 75), which was new in *personnel* and *materiel*. Its train consisted of twenty carts, five store wagons, one forge cart, and one cart for stoves and portable forge." The carts were for two, the wagons for four horses. The whole were for twelve regiments. The plan was contrived so that where a gun could go, a carriage could follow.

The following extract (p. 76), I desire to bring to the notice of the reader. Jefferson Davis undoubtedly took counsel from the whole of this valuable report, in plotting his treason. Our Government seem to have lost sight of its valuable suggestions, in one instance, at least, as is now well proved:—"The whole of this train was under the *Staff-Surgeon* of the division; none of the wagons, carts or drivers being subject to the orders of any other department, except with the authority of the General of Division, who best knew when to break up or sacrifice any part of his entire means of transport. *This provision is worthy of our attention. The details and requirements of this part of the service should not constitute a part of the general transport service of the army, as heretofore has been the case in our service. No person can so well preserve the efficiency of the surgical and medical apparatus, as he who best knows its uses.*"

The italics are my own, and I would simply add that there never was a more striking exemplification of the truth of these remarks by Major Delafield, than what I saw, in striking contrast to them, during my recent ambulance journey to Centreville. Among other things, at that time, I observed that of the small casks intended for water, and two of which were prepared for each wagon, not one seemed to contain water; and I was informed by the army surgeon in command, that they all leaked! What does the Quartermaster care for them? The absolute need of water for the thirsty, wounded or dying soldiers, would never be dreamed of by that officer. It is the surgeon alone who sees, and as it were feels, the agony the wounded soldier suffers, when deprived of this luxury.

The *personnel* of this English train consists of one Sergeant Major, four other non-commissioned officers, and sixty-nine drivers—total, seventy-four persons to twenty-seven carriages, or scarcely three to each carriage; "which," adds Major D. (p. 76), "gives the smallest admissible number of supernumerary drivers." All the nations of Europe "have their own ambulance and hospital store wagons, each possessing its peculiar merit, adapting them to their respective armies."

In addition to these, the *Staff Surgeon*, while on the march, has a mule with "capital instruments" attached to his immediate service.

What ought we to do? Certainly we ought to adopt all the good which past experience has shown to exist in any of these ambulance corps, or modify them to suit the peculiar conditions of our army.

A plan has been devised by the Surgeon-General of the United States Army, and months ago was urged upon Secretary Stanton, and declined by him and General Halleck. Since the terrible sufferings, lately endured by our soldiers, and foretold in a great degree by Surgeon Hammond, that gentleman has again urged on the government the necessity of some action. The government still delays, or if it has acted officially, it is only within the past week or two, and, so far as my knowledge extends, nothing has yet been publicly done in the matter.

I well know that reports come to us through the public prints, that General McClellan is doing something about it. I have, from official sources, learned that the plans of General McClellan are, as it is thought, "insufficient. 1st, Because the drivers, &c. are simply soldiers detached for the purpose; and, 2d, the plan is not sufficiently comprehensive."

What the Surgeon-General wants, "is a corps composed of men especially enlisted for Hospital and Ambulance service, with officers commissioned purposely to command them, and who shall have the entire charge, under the medical officers, of the ambulance wagons, transport-carts, &c., and all the many departments of hospitals; a corps upon the basis of two men to each company of one hundred men, a hospital Captain, two hospital Lieutenants, and five hospital Sergeants, to be drilled, uniformed and equipped according to certain regulations. The whole should be commanded by a Hospital Commander. This is substantially the plan followed in the European armies."

Will not our government allow this, or some other beneficent plan, to be followed out?

HENRY I. BOWDITCH.

**INSPECTION OF GENERAL HOSPITALS OF THE ARMY.**—The following letter has been addressed to certain of our most distinguished surgeons throughout the country.

OFFICE OF THE U. S. SANITARY COMMISSION, }  
498 BROADWAY, NEW YORK, September 24, 1862. }

SIR,—The Sanitary Commission propose to commence on the — of October, a special inspection of the General Hospitals of the Army.

These are forty-seven in number, in the District of Columbia alone, and perhaps as many more in all other parts of the country; they contain, at this time, not less than 50,000 sick and wounded.

As this proposed service is additional to the duties of this nature heretofore performed by the Commission, and is for a higher purpose, they wish to secure the assistance of the best medical and surgical ability in the country for the work—as none but men of established position and character are able to carry the moral weight and influence with the Army Surgeons, essential to the practical success of this effort to secure the highest standard of professional excellence in the management of Military Hospitals.

The Commission propose to keep six inspectors constantly employed east and west, and to accept the services of such as can serve not less than a fortnight, whilst they ask no service for more than one month. The most they can offer the profession in the way of remuneration is \$250 per month.

The scheme of this inspection is for the six months ending May 1st, 1863.

You are respectfully requested to designate before the — October, when the books will close, the period, if any, for which you are willing to serve, and the precise date when you can most conveniently render the service. The Commission will, however, consider it a special favor if you will allow them to designate the time when your services will be most acceptable. If you can serve for two terms of a fortnight each, at an interval of three months, please to state. For the Western hospitals a month's service would be preferred.

The Commission is anxious that this duty shall be undertaken with the earnest and unselfish purpose of securing for our sick and wounded soldiers thorough and able hospital treatment, by the detection and removal of all defects in administration or professional care susceptible of remedy or improvement.

Full instructions as to the form of the report required will be furnished at the proper time.

By order of the Executive Committee.

Very respectfully, your obedient servants,

W. H. VAN BUREN, M.D.

C. R. AGNEW, M.D.

WOLCOTT GIBBS, M.D.

Dr. Henry G. Clark, of this city, has been appointed Chief of the Corps of Inspectors. It is a gratifying fact, that of the seventy-two gentlemen, invited to serve on this Commission, thirty are residents of New England. Drs. Clark, Bowditch and Ellis, left for Washington on Tuesday last, to begin at once the work of inspection.

**NEW YORK OPHTHALMIC HOSPITAL.**—The report of the surgeons of this Institution, for the years 1860–61, has just been published. In connection with the report, is a catalogue of the students of the New York Ophthalmic School from 1852 to 1862, and also the Anniversary Address, at the close of the last session, by Dr. James L. Kiernan. Whole number of cases treated during the two years, to December 31, 1861, 1937, including 75 remaining under treatment Jan. 1, 1860.

The Annual Meeting of the Vermont Medical Society will be holden at Montpelier, on the 15th and 16th days of October.

Dr. EDWARD JARVIS, of Dorchester, has been detached by the Surgeon-General to visit the various Camps in the State, and report on their sanitary condition.

In the London *Medical Times and Gazette* of Aug. 30th, extracts are given from a new Manual of Military Surgery, by Dr. J. J. Chisolm, of Charleston, S. C.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, OCTOBER 4th, 1862.

##### DEATHS.

	Males.	Females	Total.
Deaths during the week, . . . . .	60	43	93
Average Mortality of the corresponding weeks of the ten years, 1851–1861,	44.1	42.6	86.6
Average corrected to increased population, . . . . .	..	..	95.52
Deaths of persons above 90, . . . . .	..	0	0

##### Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Variola.	Dysentery.	Typ. Fev.	Diphtheria.
13	13	2	2	2	0	3	2	1

COMMUNICATIONS RECEIVED.—Report of Cases in the Presbyterian Church Hospital, Georgetown, D. C.

DIED,—At East Boston, on the 8d inst., Dr. Rufus L. Hinckley, aged 45 years.

DEATHS IN BOSTON for the week ending Saturday noon, October 4th, 93. Males, 60—Females, 43. Accident, 2—apoplexy, 1—asthma, 1—Inflammation of the bowels, 2—congestion of the brain, 2—disease of the brain, 2—bronchitis, 1—cancer, 1—cholera infantum, 13—consumption, 13—convulsions, 2—croup, 2—debility, 1—diarrhea, 4—diphtheria, 1—dropsy, 5—dropsy of the brain, 3—drowned, 1—dysentery, 3—scarlet fever, 2—typhoid fever, 2—gastritis, 3—disease of the heart, 3—homicide, 2—infantile disease, 3—Intemperance, 1—disease of the liver, 1—congestion of the lungs, 1—Inflammation of the lungs, 2—marasmus, 2—measles, 1—paralysis, 2—scrofula, 1—suicide, 1—unknown, 6.

Under 5 years of age, 44—between 5 and 20 years, 6—between 20 and 40 years, 15—between 40 and 60 years, 22—above 60 years, 6. Born in the United States, 70—Ireland, 17—other places, 6.

## MEDICAL JOURNAL ADVERTISING SHEET.

**MINERAL WATER IN ITS NATURAL STATE**, from the *Artesian Well, St Catharines, Canada West*.—A sovereign remedy for Rheumatism, Rheumatic Gout, Neuralgia, Liver and Kidney Complaints, Salt Rheum, want of action in the Digestive and Urinary Organs, Diseases peculiar to Women, and a general purifier of the blood.

N. B.—This is not the Concentrated Water which has been sold for some time past, but the Natural Water as taken from the spring.

**Directions**—The Water should be taken daily, in such quantities as not to act on the bowels too much, and should be drank regularly twice or three times per day, beginning with half a tumbler each time, and reducing it found to operate too much, so that the system may become impregnated with its medicinal virtues, being sure to effectually eradicate the disease it professes to cure, if persevered in.

Sold by I. BARTLETT PATTEN, Druggist, 27 Harrison Avenue, cor Beach st., Boston; and by W. R. HIGGINBOTHAM, Apothecary, 63 Tremont st., cor. Beacon, where all information can be had.

E. W. STEPHENSON, Proprietor, Canada West.

July 31.

**FINE CHEMICALS AND PHARMACEUTICALS**.—Our Laboratory facilities are now such as enable us to manufacture daily 100 lbs. of Ether Sulph. Ureth. 100 lbs. of Chloric do. 50 lbs. of Chloroform; 300 lbs. Spts. Nitro. Dulcis; 50 lbs. Citrate and Tartrate of Iron; 100 lbs. Acetate and Sulphuret of Potassa, and corresponding quantities of the salts of Gold, Silver, Tin, Mercury, Lead, Antimony, &c. &c. Our Chemicals, for their purity and excellence, received a medal and diploma from the Exhibition of the Massachusetts Charitable Mechanic Association in 1890, and they are used in Hospitals, Infirmeries, and in the practice of a large number of prominent Physicians in all parts of New England.

JAS. R. NICHOLS & CO.,  
Manufacturing Chemists,  
12 Kilby and 1 & 3 Doane sts.

Jan. 9—tf

**RENSSELAER POLYTECHNIC INSTITUTE**, Troy, N. Y.—The thirty-ninth Annual Session of this Institution for instruction in the MATHEMATICAL PHYSICAL, and NATURAL SCIENCES, will commence on Wednesday, Sept. 17, 1892. Appropriate quarters, and a full supply of apparatus, will be provided, so that all the Courses of instruction can be given precisely as heretofore. The new buildings for the Institute will be placed on a more commanding site, and be constructed as soon as possible.

The *Annual Register*, containing full information, can be obtained from

Prof. CHARLES DROWNE, Director.

July 3—3m

**IMPROVED SPERMATORRHOEA RINGS**—of pure silver, for preventing and curing nocturnal emissions. Price \$3.—to physicians, \$2. They can be sent by mail in a letter. Also, a large assortment of elastic, glass and metal Syringes, Breast Pumps, Nursing Bottles, &c. &c., for physicians' and family use. Sold by E. M. SKINNER, successor to J. RUSSELL SPALDING, 27 Tremont street, opposite the Museum, Boston, Mass. March 19.

**A PHYSICIAN**, who is retiring from the profession in consequence of his health, wishes to dispose of his location, situated in Massachusetts, about five hour's ride from Boston, to a well-qualified practitioner. This is a fine opportunity to secure a practice of \$2,000 per annum. He would expect any person treating for the same, to purchase his stock of medicines, surgical instruments, and a small but well-selected library. For address, apply to this office. Aug. 21—tf

**DR. HASKET DERBY,**

No. 6 Beacon Street,

Gives his exclusive attention to Diseases of the Eye. Office hours, 9 to 11 A.M., and 4 to 6 P.M.

Dec. 26—1 yr

**CROUP**.—Remarks on "Diphtheritis, or the Membranous Disease commonly called Membranous Croup, as it appears in Roxbury and the vicinity of Boston", by B. E. CORTINO, M.D.

The paper on this subject by Dr. Cotting, read before two of our Medical Societies, and since published in this Journal, is now issued in a pamphlet form, and may be had at this office. Price, 10 cts. Oct 13.

**THE PEARL-HILL RETREAT—FITCHBURG,**

MASS. Established Sept. 1st, 1861, for the treatment of the sick, and accommodation of invalid boarders.—The buildings, which are new and spacious, are located on a rich and beautiful farm, distant ten minutes' ride from the village. The furniture of the establishment is new, being selected with special reference to the convenience and comfort of invalids or persons of leisure seeking a quiet and genteel boarding place. The soil is dry; the scenery in the vicinity picturesque and delightfully variegated; the water, from brook, spring and well, is of the purest quality, and all the natural and artificial agencies and surroundings combine to perfect the hygienic influences of the place.

Those suffering from chronic disease, or nervous affections, or those wishing simply a temporary "retreat" from the cares and fatigues of city life, will be received, and furnished with appropriate medical, or hygienic, or dietetic treatment.

For terms, address

WM. M. BARRETT, M.D., Proprietor.

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Thomas R. Boutelle, M.D., Consulting  
Jonas A. Marshall, M.D., { Physicians.  
Alfred Hitchcock, M.D., }

Hon. E. Torrey, Alvah Crocker, Esq.  
Hon. Moses Wood, Moses G. Lyon, Esq.  
Hon. G. F. Bailey, L. H. Bradford, Esq.  
Hon. Nathaniel Wood, Dea. S. A. Wheeler,  
Benj. Snow, Jr., Esq.

Of Fitchburg.

E. R. Penrose, M.D., New York.

John Ware, M.D. and John Homans, M.D., Boston.

March 13—tf

**THE LOCUST-GROVE RETREAT, at Peppercott, Mass.**—The buildings recently erected on the old site of the late Dr. N. Cutler's Asylum, are now being fitted up for the reception of patients.

The situation is a very desirable one, the buildings are commodious, and the rooms pleasant and convenient for the purpose. The town also is noted for its fine farms, pleasant drives, and picturesque scenery.

The institution is designed for those persons whose intemperate indulgence in strong drinks renders a removal from their homes and ordinary associations desirable or necessary.

No pains will be spared to reclaim and restore them to their former position in society.

J. C. SHATTUCK, M.D.

REFERENCES.

Rev. E. P. Smith, Rev. J. E. B. Jewett,  
Hon. C. W. Bellows, Col. E. P. Shattuck,  
Charles Tarbell, Esq., Hon. A. Hutchinson,

Of Peppercott.

Winslow Lewis, M.D., 53 Boylston st., Boston,  
A. Emerson, Esq., 2 Spring Lane, "  
John E. Tyler, M.D., Sup't McLean Asylum,  
July 24, 1892—tf [Somerville e

**PARKER'S COMPOUND VEGETABLE OIL**

**SHIELD**.—For the Cure of Chapped or Sore Nipples.

—As this Compound is perfectly harmless, the Patient need have no fear whatever in its free use. The taste being pleasant, the child never refuses its accustomed nourishment on account of it.

This method of treating sore nipples has been tried very successfully by many physicians in Boston and vicinity, among whom are Drs. Walter Channing, John Homans, Chas. G. Putnam, Chas. D. Homans, Boston; Drs. Sewall F. Parker, D. V. Folts, East Boston; and Dr. T. R. Nute, Roxbury—to whom Mr. Parker is allowed to refer.

WEEKS & POTTER, 170 Washington st., Boston, agents for the New England States; and for sale by all Druggists. May 22—1yr

**BOUQUET D'HAVELOCK**—A delicate, rich, and enduring Extract for the mouth, distilled from a choice combination of fresh flowers, equal if not superior to any of the perfumes of the celebrated Lubin. For sale only by

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**A GOOD CHANCE FOR A PHYSICIAN.**—A Physician in Western Massachusetts, enjoying a Practice of from \$200 to \$250 per annum, in a flourishing village on the Western Railroad, is desirous of disposing of his Practice to an enterprising physician only.

Terms—Sale of medicines, office fixtures, surgical instruments, carriage, &c. Application must be made immediately. Reason for leaving, ill health. For further particulars, apply to the Publisher of this Journal. Sept. 25—3t

**REMOVAL.**  
**DR. CHANNING,** 39  
Sept. 18—6t Mount Vernon Street.

**LEOPOLD BABO,** German Apothecary, No. 33  
Boylston street, Boston. Sept. 18—1y



**PALMER'S PREMIUM ARTIFICIAL LEG!!**—This world-renowned invention is far superior to all other Artificial Legs manufactured either in Europe or America. No less than four patented improvements have been taken out for it, since its first introduction. Every desirable change that mechanism is capable of producing has been introduced, until, in the recent language of one of our most celebrated surgeons (Henry J. Bigelow, M.D.), "it is very near perfection." Several Imitators have recently sprung up, who are endeavoring to deceive the public by pretended improvements, which, in their practical application, are absolutely worthless. All "lateral motion" of an Artificial Foot simply renders the action unsafe; the foot in a short time becoming rickety and noisy, and consequently liable at any time to break from its connections. The "Palmer Artificial Leg" has stood the test of years, and all the truly practical improvements, which inventive skill, aided by the personal use of an Artificial Leg, could suggest, have been introduced.

The fact that nearly 4000 persons are now wearing the "Palmer Leg," testifies to its superiority over all others. The "Great Prize Medal" was awarded to it in London over thirty-five competitors from all parts of Europe.

The "Palmer Artificial Leg" is lighter than any other, yet capable of sustaining a continuous pressure of over 300 lbs. It is more natural in its movements. It more closely resembles the natural leg, it being impossible to distinguish it. It is more durable, wearing for years. It requires less repairs. It can be afforded for a less price. Nine out of ten of the most celebrated Surgeons in all parts of the world recommend the "Palmer Leg" in preference to all others.

All pretended improvements over it are simply theoretical notions, intended to deceive. The extended reputation of this invention is a sure guaranty to the patient, that in procuring the "Palmer Leg" they will secure the best, and run no risk.

The patient is enabled to walk immediately upon its application. It is applied to the shortest and tenderest stumps with perfect success.

The Surgeons of the Massachusetts General Hospital recommend this invention over all others.

Pamphlets, giving full information, sent gratis to all who apply.

General Manufactory for all the New England States, is at 19 Green street, Boston. Address: PALMER & CO.,

Sept. 18. 19 Green street, Boston.

**DOUGLASS'S NEW PATENT ARTIFICIAL LEG** is receiving the approbation and recommendation of the most distinguished Surgeons throughout the country. The large number of persons in all professions using it, and the rapidly increasing demand, are indications of its superiority over other substitutes. Radically differing from all others in its construction and articulations, combining the most scientific mechanical and anatomical principles, it possesses great strength, lightness, durability, and a successful imitation in form, color, finish and movement of the natural limb. Perfectly adapted to every form of amputation, many persons wear them who have lost both legs.

Descriptive pamphlets sent free. The patent is owned and Leg manufactured exclusively by the inventor, D. DE FORREST DOUGLASS,

No. 16 Main st., Springfield, Mass.

Sept. 26—1y

**DR. J. H. DIX** has removed to Boylston, corner of Tremont street, and attends exclusively to **DISEASES OF THE EYE AND EAR.**  
Dec. 24, 1857.

**NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL.** No. 90 East Thirtieth Street, near Fourth Avenue.  
The next Annual Course of Lectures will commence on Monday, October 20, 1862, and will terminate in the early part of March, 1863.

**Faculty.**  
**HORACE GREEN, M.D., LL.D.,** Emeritus Prof. of Theory and Practice of Medicine.

**JOHN M. CARNOCHAN, M.D.,** Prof. of Clinical and Operative Surgery.

**B. I. RAPHAEL, M.D.,** Prof. of the Principles and Practice of Surgery.

**CHARLES A. BLDD, M.D.,** Prof. of the Theory and Practice of Midwifery.

**A. JACOBI, M.D.,** Prof. of Infantile Pathology and Therapeutics.

**E. NORRIS, M.D.,** Prof. of Clinical Midwifery and Diseases of Women.

**J. V. C. SMITH, M.D.,** Prof. of Anatomy.

**WM. F. HOLCOMB, M.D.,** Prof. of Ophthalmic and Aural Surgery.

**SAMUEL R. PERCY, M.D.,** Prof. of Materia Medica and Therapeutics.

**HENRY G. COX, M.D.,** Prof. of Theory and Practice and Clinical Medicine.

**CHARLES A. SEELY, Prof. of Chemistry and Toxicology.**

**HON. JOHN H. ANTHON, A.M.,** Prof. of Medical Jurisprudence.

Prof. of Physiology and Microscopic Anatomy.

**JAMES E. STEELE, M.D.,** Demonstrator of Anatomy and Curator of the Museum.

**GEORGE WOOD JEWETT, M.D.,** Assistant to the Prof. of Midwifery.

**WM. BALSER, M.D.,** Assistant to the Prof. of Infantile Pathology.

**F. S. SNEADE, Janitor.**

A preliminary term will commence on Monday, Sept. 16th, and continue until the Regular term begins. This course will be GRATIS to those students who intend taking a full winter Course, and will be as follows:—

On Amputations, by Prof. CARNOCHAN.

"Gun-shot Wounds, by Prof. RAPHAEL.

"Pregnancy, by Prof. BLDD.

"Anatomy and Physiology of the New Born, by Prof. JACOBI.

"Bandaging, by Prof. HOLCOMB.

"Anatomy of the Regions, by Prof. SMITH.

Material for dissection is abundant, and furnished to students at a mere nominal price.

Daily Clinics are held at the College.

Further information as to Lectures, Terms, &c., may be obtained by addressing

Prof. B. I. RAPHAEL, M.D.,

Dean of the Faculty, 91 Ninth Street.

\* Prof. Browne, having received the appointment of Brigade Surgeon, has resigned the chair of Physiology. The chair is now vacant, but will be filled before the commencement of the Course.

Aug. 14—

**ALEXANDER WOOD'S SYRINGES FOR SUBCUTANEOUS INJECTION,** sent by mail on receipt of price, \$4.

Cannmann's Double Stethoscopes,

Dix's and Anagnostakis's Ophthalmoscopes,

Clark's Otoscopes,

Goodwin's and Skinner's Splints,

Burge's Apparatus for Fracture of Thigh,

French Skeletons and Preparations,

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY  
SAMUEL L. ABBOT, M.D.

Whole No. 1807.] Thursday, Oct. 16, 1862. [Vol. LXVII. No. 11.

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## HARVARD UNIVERSITY. MASSACHUSETTS MEDICAL COLLEGE.

THE annual course of Medical Lectures of Harvard University will commence at the Massachusetts Medical College, in North Grove st., Boston, on the first Wednesday of November, 1862. The regular course will be as follows:—

Obstetrics and Med. Jurisprudence by Professor D. HUMPHREYS STORER, M.D.	
Morbid Anatomy by . . . . .	JOHN B. S. JACKSON, M.D.
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Jan. 9—1f

**RENSSELAER POLYTECHNIC INSTITUTE, Troy, N. Y.**—The thirty-ninth Annual Session of this Institution for instruction in the MATHEMATICAL PHYSICAL, and NATURAL SCIENCES, will commence on Wednesday, Sept. 17, 1862. Appropriate quarters, and a full supply of apparatus, will be provided, so that all the Courses of instruction can be given precisely as heretofore. The new buildings for the Institute will be placed on a more commanding site, and be constructed as soon as possible.

The Annual Register, containing full information, can be obtained from  
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July 3—3m

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Aloes and Assafœtida,	4	Sulphate of Quinine,	1 & 2
Dinner, Lady Webster's,	3	Valerianate of Quinine,	1
Compound Calomel, Plummer's,	3	" of Zinc,	1
" " "	1½	" of Iron,	1
Blue Pills,	3	Citrate of Iron and Quinine,	2
Opium Pills,	1	" of Iron,	2
Calomel Pills,	2	Willow Charcoal,	2
Opium et Acet. Plumb., each	1	Diascordium,	2
Extract of Rhatany,	2	Anderson's Antibilious & Purgative,	2
Compound Rhubarb,	3	Extract of Gentian,	2
Compound Colocynth,	3	Iodide of Potassium,	2
Compound Squills,	4	Calcined Magnesia,	2
Dover Powders,	3	Rhubarb,	2
Carbonate Iron, Vallett's formula.		Ergot Powder, covered with sugar	
Carbonate of Manganese and Iron.		as soon as pulverized,	2
Kermes,	1-5	Phellandria Seed,	2
Santonine,	½	Washed Sulphur,	2
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Meglin,	1	Tartrate Potassa and Iron,	2

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Extract of Belladonna,

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" of Ipecac,  
" of Opium,  
Proto-Iodide of Mercury,

Lupuline,	gr. ½	Extract Rad. Aconite,	gr. ¼
Extract Nux Vomica,	½	Emetine,	¼
Veratrine,	1-24	Iodide Mercury,	¼
Sulphate of Morphine,	1-8	Valerianate Morphine,	1-8
Corrosive Sublimate,	1-12	Acetate Morphine,	1-8
Nitrate of Silver,	¼	Digitaline,	1-24
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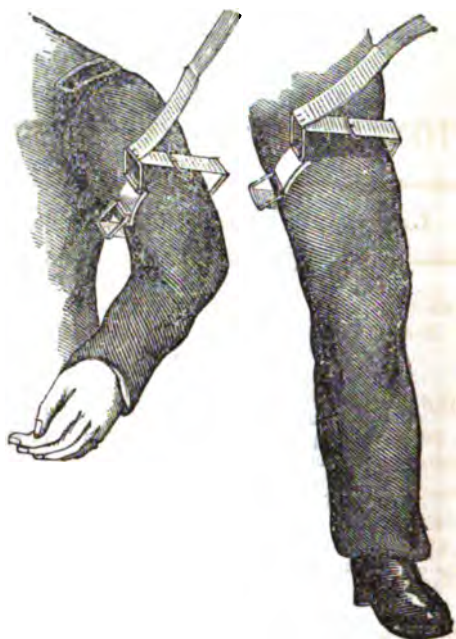
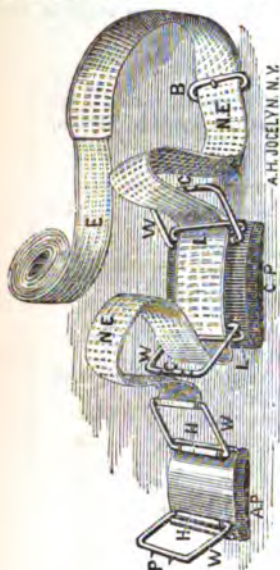
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THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. LXVII.

THURSDAY, OCTOBER 16, 1862.

No. 11.

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TRANSMISSION OF SYPHILIS FROM THE FATHER TO THE  
FŒTUS, AND FROM THE FŒTUS TO THE MOTHER.

[Translated from the *Gazette des Hôpitaux*.]

CAN the seminal fluid of a man communicate the germ of syphilis to the product of conception? Can a foetus, thus infected, in its turn impart this disease to the mother during gestation? These are questions which Dr. Beyran has been led to propose from the observation of a case which he has had the kindness to communicate, and which we will shortly relate. But first we will let our friend himself lay down the terms of the problem he proposes to elucidate.

To resolve this problem, he says, it does not seem to me necessary to take into account the well-known influence which the father has, in the organization of the product of conception. This influence is as great as it is unequivocal, and every day, so to speak, some new fact adds its weight to strengthen this opinion; so that we might say that every germ contains or is capable of containing the principle of most of the peculiarities of its parents, anterior to its development, and that it is the summing up and the essence of them. In fact, in life do we not see on every side a thousand proofs of the homogeneity and consubstantiality which unite son or daughter to the father? Such as the similarity of features, the peculiar resemblances, the temperament, idiosyncrasy, liability to certain diseases, to say nothing of the moral correspondence, which I set aside, although it equally belongs to the domain of medicine. In a word, all the facts observed up to the present time amply suffice to demonstrate the possibility of the transmission of the individual peculiarities and morbid tendencies of the father to his offspring, and syphilis does not seem to escape this law of hereditary morbid tendency. For the rest the following case demonstrates, first, the infecting power of the father upon the foetus; secondly, that of the foetus on the mother while she was entirely free from syphilitic contagion. The following is the case.

Madam N—, aged twenty-nine years, of a somewhat lymphatic

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temperament, without any previous syphilitic disease, born of healthy parents, without any hereditary rheumatic tendency, was affected in 1859, three months after marriage, with acute articular rheumatism, from which she recovered at the end of five weeks. During the summer of the same year she became *enceinte*, and was confined early in 1860, with a healthy child, not exhibiting a trace of syphilis.

It was not so with the second child, as we shall see. But before proceeding with the history of the second confinement, we must refer to the antecedents of the husband before 1859.

A chronic discharge from the urethra or *military drop*; no trace of syphilis; old or recent hypertrophy of the liver, for which M. N. had been under the care of Messrs. Trousseau and Beyran. For the stricture this gentleman had consulted, at first M. Leroy, then Messrs. Segalas and Beyran. He was cured of his urethral discharge.

Early in 1860, M. N—— contracted a chancre at the base of the gland. It became indurated, and was accompanied by an indolent enlargement of a number of glands of the left groin. Being absent from home, the patient could not put himself under the charge of M. Beyran until three months later, when there only remained the scar of the chancre. There still existed in the left groin considerable enlargement of the glands.

On examining the throat there was found an erythematous redness uniformly spread over the velum palati and the throat, with mucous papules on the tonsils, with secondary glandular swellings in the neck. The patient was subjected to specific treatment by the proto-ioduret of mercury.

After two months of this treatment the syphilitic symptoms had disappeared, and the patient's general condition seemed considerably better. During the interval the patient had returned to his marital relations, in spite of the remonstrances of his physician. Everything, however, appeared to be going on without any special indication of danger, and the lady, pregnant for the second time, was in good health in all respects. At the full term of pregnancy she was confined. But this second child presented at birth about the nates and the genitals an erythematous eruption as well as papules or mucous patches about the anus, umbilicus, and on the neck and head. At this time, the mother, most carefully examined, showed nothing suspicious about the genital organs or elsewhere. Two months and a half after her confinement, syphilitic symptoms appeared, without any new infection, in the form of impetigo of the scalp, accompanied by excessive tenderness of this region, and general pains of a neuralgic character, aggravated at night. To these preliminary symptoms succeeded soon an exanthematous eruption with which the chest and belly were covered, coming on without fever or itching. At the same time the patient complained of a stiffness of the calves of the legs, which made, at times, walking very painful.

A mixed treatment, composed of the proto-ioduret of mercury,

iodide of potassium and alkaline baths, continued for six months, resulted in the recovery of the patient.

M. Beyran draws the following conclusions from this case, which we submit for the judgment of our readers.

In this case what do we see? In the first, place a perfectly healthy woman, whose husband up to this time was entirely free from all taint of syphilis, has a child which is perfectly healthy. The same state of things does not exist during the second pregnancy. This time the husband, being infected with constitutional syphilis, communicates this disease to the product of conception, which in turn transmits it to the mother. The transmission effected in this way is evident, when we take into consideration the time at which the syphilitic symptoms appeared, and the circumstances attending their development. In addition, the absence of all specific lesion of the sexual organs of the patient at the time of the birth of the child, and the characteristic signs presented by the husband, leave no room for doubt on this point. From all these circumstances it may be concluded that the spermatic fluid of the husband infected or transmitted the germ of syphilis to the foetus at the time of conception, and that the foetus communicated the disease to the mother during the period of gestation.

---

#### ON THE EMPLOYMENT OF MERCURY AND IODIDE OF POTASSIUM IN THE TREATMENT OF SYPHILIS.

By Dr. Junien-Lavillauroy. Translated from the *Gazette des Hôpitaux*.

HAVING sketched in a bold style the history of the treatment of syphilis by mercury, having pointed out at what period of the disease, and against what symptoms, mercurials may be useful, M. Junien-Lavillauroy sums up in his thesis the principal modes of the administration of mercury, and insists specially on the method of Montpellier, or that of radical cure. This first part ends with a table of the principal mercurial compounds, arranged in the order of their activity.

We know that M. Bouchardat divides the principal compounds of mercury into;—1st. The *soluble preparations*. Iodhydrargyrate of the iodide of potassium; bi-chloride (corrosive sublimate); and cyanide of mercury.

2d. *Insoluble preparations*. The red oxide; the proto-chloride; proto-iodide; and metallic mercury.

This arrangement is admitted by all therapeutists, particularly by M. Trousseau.

The second part of this work is devoted to iodide of potassium. The opinions advanced by the author are summed up in the following conclusions:—

1. If, with the generality of physicians, we adopt the method of radical cure, or that of Montpellier, in the treatment of constitu-

tional syphilis, the practice which consists in giving the iodide of potassium after the disappearance of the symptoms under mercurial treatment, is always useless and may often become injurious.

II. The mixed treatment is very energetic, and ought to be employed in the case of very obstinate and inveterate syphilis; but with the condition, that, if we wish for a durable cure, the mixed treatment must be continued a long time, or that after it the ordinary mercurial treatment should be continued for a certain period.

III. We understand the prompt and immediate treatment on the part of those physicians who do not believe in the preventive action of what they term anti-syphilitics; but from the moment that they give them to anticipate new symptoms, according to the rules of the method of Montpellier (and, it must be remarked, all those who give the iodide of potassium after mercury, do it for this end), all these do the opposite to what they propose to do. They drive, in fact, the mercury from the economy, the specific which they have designedly accumulated in it, and to which they are proposing to add, perhaps injuriously, another specific, the iodide of potassium.

IV. The action of the iodide of potassium on the compounds of mercury fixed in the economy explains the opinion that iodide of potassium does not act as an anti-syphilitic in tertiary syphilis, except in those persons who have previously undergone a mercurial treatment.

V. The iodide of potassium may act not so much as iodide of potassium, as in transforming the mercury in the system into a more active compound, the iodhydrargyrate of iodide of potassium. So that it would seem there is in reality but one specific for syphilis, *mercury*.

VI. When in syphilitic patients symptoms appear a long time after mercurial treatment (and with much greater reason when it has not been employed at all), as we may suppose that there is no mercury left in the system, if we wish to treat the patient by iodide of potassium, in order to count upon its action, it is well to give at the same time a mercurial preparation; that is to say, to follow what Vidal de Cassis calls the mixed treatment.

---

#### A CASE FROM AN OLD COMMON-PLACE BOOK.

[Communicated for the Boston Medical and Surgical Journal.]

JULY, 1807.—Mr. A. B., 22 years, having for a long time been troubled with indigestion and the consequences therefrom, was attacked, after a short journey, with violent pain in the intestines, with an impossibility of voiding any fæces, also attended with a slight diabetes. Dr. — attended, and ordered, in the first place (Sunday evening), to have the abdomen fomented. Soon after, a large blister was applied below the umbilical region, and at the same time were ordered 60 drops of laudanum every 15 minutes, until the



patient was relieved, which was after the fourth dose. After the first dose of laudanum, 10 grs. of calomel were exhibited, alternating with  $1\frac{1}{2}$  spoonfuls of castor oil. The oil, after the fourth or fifth dose, occasioning nausea, a dose of senna and manna was given. Began the exhibition of calomel Sunday evening at 9 o'clock, and continued until the patient had taken four doses of the first and five of the last—about seven spoonfuls; the senna and manna were given. Sunday night there was a considerable sweat. Monday morning, some more flies were rubbed on the plaster, though it had raised three blisters.

Monday, between 1 and 2, another dose of senna and manna was administered. There being some diabetes (dysuria), gum arabic was given. The physic began to operate about 1 on Monday; a large worm was evacuated; there were about nine discharges by Tuesday morning. Wednesday, the patient complaining of pain in the abdomen, gave him 6 grs. of calomel with rhubarb, and ordered, if the pain did not subside, to apply another blister. The pain, however, did subside. Friday, senna and manna were again administered. Saturday, much better, and Sunday, rode to his home, from C. to B., about three miles.

*Remarks.*—The writer had been a medical student three months when the above case occurred—the first in his Common-Place Book—having entered Dr. —'s office, April 17th, 1807. This fact in the writer's professional preparation may explain certain technical awkwardnesses in the composition, and occasional obscurities in the use of professional terms. His Master in Medicine was in large and successful practice. He had got what home could afford towards professional education, and then went abroad to complete what had been well begun. It was not then the every-day affair to go abroad that it is now. And crossing the Atlantic was, as the Salmagundi has it, thought a marvellous sharpener of the wits. Our case shows what was medical practice in 1807. Physic then was physic; and he who did not give it, would have had but very few to take it. Mr. A. B., 22 years old, was attacked with severe illness, and a successful battle was carried on against it. It began on a Sunday evening, and ended the following Saturday. On Sunday he drove three miles, and as we hear nothing more of him, it is safe to infer that he had a good recovery, or delivery from disease. It is pretty clear there was very little NATURE in this disease, or case, whatever may be the power of that mysterious agency now-a-days. It was blisters, and calomel, and castor oil, and senna and manna, and especially laudanum, which achieved the victory. Disease—to speak metaphorically, as the time warrants—was a rebel, an intruder within the territory of health, and an armed resistance against such a foe was thought a most imperative duty, and the duty was faithfully done. And was not the victory glorious? Men, medical ones, I mean with certain aids from the female army, now undertake to ridicule what they call HEROIC medicine! “A cock to Esculapion!”

We had then no fear of physic, and less of disease. But *tempora mutantur, et nos mutamur in illis*. Stomachs and bowels have changed, and so has physic. "Am that calomel?" asks the five-year-old. "If it was, I won't take it, so!" And what a change in the apothecary's business! He sells cigars, and the people smoke them! And recipes, how changed! I give a specimen of one of the olden time: R. Hyd. sub-mur., pulv. jalap., do. aloes, aa  $\frac{3}{4}$  i.; Muc. acaciæ gum, q. s.; M. ft. pil. No. 480. Dose 4, p. r. n. This is not a joke. It is a true record. I live pretty nigh to one who put up many such recipes. A fashionable pill of that time was called 10 and 10—*vel* ten grains of calomel and as much jalap, with an occasional accomplice of tart. emet. 1 gr.

Now there was nothing excessive in the operation of such doses. They surely worked themselves out and off, and the taker only remembered how much good they did him. Patients then were grateful, for they were satisfied and gratified with treatment and results. A doctor spoke with authority. The calling was honored.

#### CASES IN MILITARY SURGERY.

[Communicated for the Boston Medical and Surgical Journal.]

*Aneurism of the Axillary Artery.*—By the kindness of Dr. R. H. Longwell, one of the Surgeons of the Union Hospital, Georgetown, I have been permitted to extract from his note-book the following interesting case:—

John Illingworth was wounded on the 30th of August, at the battle of Bull Run, the ball entering at the lower border of the pectoralis major just above the axillary space, and making its exit at the outer border of the scapula, two inches above the lower angle of that bone, severing in its course the median nerve, and so completely destroying the axillary artery as to render the pulse imperceptible at the wrist. The only point at which pulsation could be detected was about four inches below the wound. A slight aneurism formed at the seat of injury, which continues to the present time (Sept. 26th). The patient entered the hospital on the 3d of September, at which time the wound presented little evidence of inflammation. Five days after his entrance, the wound began to suppurate freely at the point of exit, and four or five days from that time suppurated slightly at the point of entrance. At no time was there a high degree of inflammation, the patient being restricted to a farinaceous diet. On the day after his arrival a compress was applied over the subclavian artery, and simple cold water dressing has been made use of since. On the sixth day, the pulse was very slightly perceptible at the wrist, and continues so, but apparently to no greater degree than on the fifth day after the injury was received. The arm lost its temperature, but by the application of carded wool and stimulating lotions, has been kept comfortably

warm. There is some, but not a great deal, of atrophy of the injured arm. The patient's general health is at present good, and his prospects are flattering.

*Gunshot Wound of the Neck, severing the Cervical Plexus of Nerves.*

—Dr. H. S. Hannen, of the Presbyterian Church Hospital, Georgetown, D. C., had charge of this case, and furnishes the following particulars:—

Patrick Norton, Co. D, 1st Regiment Sickle's Brigade, entered the hospital on the evening of September 1st, having been wounded at the battle of Bull Run, a few days previously. The patient was somewhat exhausted at the time of his entrance, but rallied under the use of stimulants. Respiration was easy. During the night, the patient was extremely restless, continually calling for water, and wishing to have his position changed. This continued until death. The pulse was full and bounding. Upon examination, the next day, a small wound, apparently from a pistol shot, was found in the neck near the right primitive carotid, the ball making its exit near the inferior border of the scapula on the left side. There was paralysis of the upper and lower extremities, consequent upon the severing of some of the nerves involved in the wound. There was also paralysis of the sphincters of the bladder and rectum, the fæces and urine being voided involuntarily. Great irritability of the stomach was a constant symptom, it being impossible for the patient to retain food or medicine for more than fifteen minutes. Involuntary emissions of semen occurred nearly every two hours. The patient finally became so noisy and troublesome, that it was necessary to have him isolated. The treatment consisted of cold water dressings to the wound, and anodynes, the patient taking, on an average, eight drachms of solution of sulphate of morphia (one grain to the ounce) daily. He continued in pretty much this condition till September 16th, when he began to sink, and expired on the 20th, at 6, P.M. A *post-mortem* examination could not be obtained.

### IS ALCOHOL FOOD?

Read at the Annual Meeting of the British Medical Association, August 8th, 1862, by Thomas Inman, M.D. (Lon.), Physician to the Liverpool Royal Infirmary.

THE author first devoted a few words to definition, stating that by "alcohol" he intended to comprise those liquors in common use which owed their effects to alcohol: and by "food," anything which supplied material by which the body was nourished. He then adverted to the fact that a saccharine material was found in the blood of all mammals when it entered the lungs, and to the strong probability that a fermentative process took place in those organs, with the extrication of carbonic acid, the actual source of which in the blood had not yet been absolutely ascertained. The close atomic

composition of starch and sugar and alcohol *plus* carbonic acid was pointed out; also the fact that the starches, &c., and alcohol were often tolerated by delicate stomachs when other ingredients were not tolerated.

The author then shortly summarized the effects of ordinary food, whether animal or vegetable, when taken with water for a beverage and in proper quantity, and compared these with the results following a temperate draught of ale or porter; showing that there was no real distinction between the one and the other, except that the liquid sooner entered the circulation and sooner left it. It was no argument against the use of beef that a man who had dined on it one day wanted a dinner the day after; nor against beer, that a person who had taken one glass was ready for another in a few hours. The prejudicial effects of excessive eating were adverted to, and after mentioning a few instances where guzzling had proved fatal, others were alluded to in which a prolonged lethargy or an apoplectic condition had been induced. The use of beef tea sometimes produced convulsions in infants, but this result did not vitiate the dietetic value of meat. The physical condition of excessive eaters was then spoken of, and it was shown that some were thin, others stout; and that as regarded the moral condition of those who, from choice, religious belief, or necessity, abstained from the use of alcoholic beverages, they were to the full as bad as those who indulged in drink. Cannibals were teetotallers, and neither Nana nor Tippoo was a drunkard. On inquiring into the habits of total abstainers and those who drank ale, wine, &c., the author had ascertained that the former habitually ate much more than the latter; and one of three deductions was necessary: either the former ate too much, the latter too little, or the drink of the one was equivalent to a portion of the food of the other. To ascertain which of these alternatives was nearest the truth, Dr. Inman had experimented in his own person, and had made numerous observations through the assistance of friends. The conclusion he came to was that which had been previously insisted on by Mr. Lewes and others—namely, that alcohol replaced a certain amount of food; and “as things which are equal to the same are equal to one another,” he inferred that if a glass of ale was equal to a slice of mutton in its satisfying effect, and that mutton was food, it must follow that ale is food. To say that persons could not live on ale, was of no value as an argument; for no one could live on biscuit alone, though bread was called the staff of life. To ascertain how far it was possible for any one to live on alcohol alone, he had for many years been seeking information respecting drunkards, and he mentioned two—one on the authority of the individual herself (a surgeon’s widow), and the other on the authority of the medical attendant, where patients had subsisted for a prolonged period on brandy-and-water alone. He mentioned others on the authority of other medical friends, and two which he had himself been conversant with. He combated

the idea of the probability of imposture, inasmuch as in all these cases solid food was loathed excessively, and was generally rejected by the stomach. He then mentioned some cases of children that he had attended, in whom the appetite had failed entirely, where food which was administered by force had been vomited, yet in these alcohol in one form or other gave the support which other food did not, and gradually restored the appetite to its normal state. He noticed, too, that infants at the breast, when ill, would digest brandy-and-water when they would reject all else. The advantageous influence of this fluid was apparent, even if it were administered in enemata.

A definite course of induction, irrespective of chemical theory, having ended in the conclusion that alcoholic drinks were strictly alimentary, he shortly referred to the statements which were relied upon to demonstrate the contrary. If alcohol, he said, passed out of the system unchanged, so did water; yet water was absolutely necessary to life. But there was no proof that all the alcohol imbibed in a long symposium ever left the body. He inferred that if it did pass out of the lungs in vapor as largely as was assumed, a party of spirit drinkers would make the atmosphere of a closed room explosive; and he recalled the statement of Pereira, that some northern race had found that two or three people in succession might keep up intoxication with "*lolium temulentum*" by drinking the urine of the first eater; yet none had discovered that the urinal of a drunkard contained anything equal to gin. But certain foods, as oatmeal, bran, potatoes, oats, &c., were not wholly retained in the system, yet they were alimentary.

Dr. Inman then combated the idea that alcohol was a mere stimulant, by contrasting it with turpentine, cantharides, ginger, cayenne, iodide of potassium, and other drugs, which were stimulants to every part of the body to which they were applied. He argued that alcohol could not simply be a conservator of tissue; for a glass of ale after a long walk would induce plentiful perspiration, and a glass of whiskey or gin-and-water acted with most people as a powerful diuretic. Nor could we conclude that it assisted in disintegrating the tissues; for if it did, the use of ale, wine or spirit must then be antagonistic or antidotal to food, and the winebibber must necessarily require more food than the teetotaler, whose tissues were not disintegrated by artificial means.

He then summed up his conclusions thus:—

1. Nature has provided in the salivary glands, the liver and the lungs of every mammal an apparatus for converting all food, especially farinaceous, into alcohol; and we have no evidence that such conversion does not take place.
2. One form of alcohol or another is available for the support of life, and for restoration to health when no ordinary food can be or is digested.
3. Alcohol, after being taken, is incorporated with the blood,

passes into the various tissues, and ultimately disappears, a small portion only passing away in the breath. We can say no more of bread, potatoes, or oatmeal porridge, a small portion of each of which passes out of the body with the fæces.

4. Alcohol, in the form of ale, porter, wine, &c., relieves hunger and quenches thirst simultaneously, and with a completeness that is not equalled by water, infusion of gentian, cayenne pepper, or by turpentine—i. e., it does not act as water simply, or as a stimulant alone.

5. Wine, beer, &c., satisfy the appetite when taken alone, and act for the time as any solid food would do.

6. When alcohol is mingled with other food, a less amount of the latter suffices for the wants of the system than if water had been used as the drink.

7. The various forms in which alcohol is taken have as marked and specific effects as have animal and vegetable articles of diet.

8. Individuals have subsisted wholly upon one or the other of the various forms of alcohol in common use for periods of great length; and as it is illogical to conclude that they must have lived on air, without food, or on flies like chameleons, the conclusion is irresistible.

What that conclusion is, it might be left for every thinking man to decide.—*London Lancet.*

### **Army Medical Intelligence.**

THE following statement of the sanitary condition of the 16th Regiment Massachusetts Volunteers, may not be uninteresting to our readers.

CAMP NEAR FORT NORTH, VA. }  
September 30, 1862. }

In response to Circular No. 9, Art. 3, I have the honor to forward the following summary of the medical history of the *Sixteenth Massachusetts Regiment* from the time of its formation. During the month of July, 1861, the 16th Massachusetts Volunteers went into camp at Camp Cameron, Mass.; six companies reporting on July 2d, and the remainder following at intervals till the regiment was complete in the number of its officers and enlisted men. The regiment was mustered into the service of the United States the 5th of August ensuing. It remained in this camp till August 17th, living in barracks and enjoying good health. August 19th went into camp at Camp McClellan, Baltimore, Md., where it remained until August 29, 1861, when it embarked for Fortress Monroe. Sept. 1st, went into camp at Camp Hamilton, Va., where it was stationed until May 8, 1862.

This camp was bounded on the south by Hampton Roads, and lay about the former residence of Hon. Joseph Segar. It was free from *malaria*, had an abundance of good water, and was well policed. The picket duties, however, carried the men into miasmatic tracts of land, lying within a circuit of two miles of the camp. An abundance of good food and clothing was at all times furnished the regiment during

this period. The companies accumulated funds, the men had comfortable winter quarters, and had erected a large gymnasium for exercise, and a bakery for regimental cooking. The Segar house was used for a hospital. The medical supplies were ample. During this time there was great immunity from severe disease.

May 8, 1862, the men struck their tents, and the major part of the regiment went into camp at Gosport Navy Yard, May 9th—a portion of the regiment being kept in Norfolk, one company at the Naval Hospital, and one at Craney Island. Went into camp at Suffolk, Va., May 17, 1862, remaining there until June 8–9th, when the regiment left under orders to report at the “White House,” Pamunkey River. The location of the camp during these three weeks was a healthful one, and the regiment was in a sound condition. Next encamped at “Fair Oaks,” June 12th. The site of encampment was the battlefield of a previous date. The country around was scattered with unburied human bodies and horses, in the several stages of decomposition, the water was impure, and the air pestilential. There was evident a scarcity of vegetable food while at Fair Oaks; and the labors of the regiment were very severe. Picket duties carried it every 3d day into the midst of an almost insupportable stench arising from decaying bodies and stagnant pools. Daily and nightly alarms called the men, when off duty, to arms. In addition to which, they were engaged in the armed reconnoissance of June 18th, which resulted in heavy loss to the regiment, and in the battles of June 25th and June 28th.

June 29th, the regiment was *en route*, and was engaged in the successive battles taking place during the retreat. Its loss at the battle of Glendale was heavy—at the battle of Malvern Hill, it was less severe. July 6th, went into permanent camp near Harrison’s Landing. This camp was situated on the southern exposure of a side hill. There was an abundance of running water about it, and good bathing conveniences. The heat was intense during the stay of the regiment in this neighborhood; still, under the thorough camp policing pursued, the location could not be considered an unhealthy one. The great amount of sickness prevailing here was consequent to the residence at Fair Oaks, and the hardships encountered in the march thence and during the protracted battles which ensued. Exhausted and half starved, there were few in good health on the arrival at this post. About six weeks of rest, extra supplies of vegetables, and an abundance of clothing, with the very liberal supplies of lemons and other comforts from the Purveying Department, restored most of the men to a good state of health, before the camp was broken up, on the retiring of the Army of the Potomac from the Peninsula.

August 15th, the regiment was in line of march, and, August 23d, having taken boat at Yorktown, arrived at Alexandria. Having remained two days in camp near this last mentioned city, it was removed to Warrenton Junction, whence, after a stop of twenty-four hours, the regiment was on the return August 27th. It was engaged in the battle of “Kettle Run,” on the last mentioned day, in the battles of Manassas August 29th and August 30th, and of Chantilly September 1st. In the hurried departure from Warrenton Junction, all property, public and private, including that pertaining to the hospital (one wagon alone miscellaneously collected being excepted), was either destroyed on the spot, or afterwards burned in a railroad car,

to prevent its falling into the hands of the enemy. On this return march, the officers were without horses, and the men had left camp with a scarcity of rations; hence, in addition to the suffering resulting from the protracted fighting, those of the march alone were extreme. *There was not an ambulance in the whole division*, and it was necessary to leave many sick and broken down men by the wayside, to appeal to the charities of other divisions more fortunate, or to slowly drag themselves along. The inconveniences resulting from this deficiency, during the battles of Manassas, were distressing, for any ambulance accommodation was entirely hap-hazard.

September 3d, went into camp near Fort Lyon, and removed to its present location near Fort North on the sixth inst. This encampment has an elevated situation, is thoroughly drained, and the wells in the vicinity contain excellent water. The men are well fed, and are gradually being supplied with the necessary clothing. Sibley tents have just been received for the whole regiment. The number present for duty, this September 30th, is 17 officers and 533 enlisted men. There has been a large amount of diarrhoea and jaundice prevailing in the regiment since its return to Alexandria, very few having escaped; but the sanitary condition is steadily improving.

The history of the regiment comprises no epidemics other than a slight one of rubeola, and one of parotitis, while it was living in Camp Hamilton. But little treatment was employed for these diseases.

Subjoined is the statement, in compliance with the requirements of Art. 4, Circular No. 9.

Original strength of the regiment, . . . . .	1033
Number of recruits who have since joined, . . . . .	69
Number of deaths from wounds, . . . . .	44
“ “ “ “ disease, . . . . .	21
discharged from service for disability, . . . . .	55

The strength of the regiment June 30, 1862, was as follows:—

For duty, . . . . .	730
On sick report, . . . . .	88
In General Hospital, . . . . .	98
Other absentees (none on furlough), . . . . .	23

Total, . . . . . 939

On June 30th, the regiment was engaged in battle. The earliest entry on the regimental books was July 10th, which latter date has been made use of for the above table.

Respectfully submitted, C. C. JEWETT,  
*Surgeon of 16th Mass. Vols.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, OCTOBER 16, 1862.

AMBULANCE SYSTEM FOR THE UNITED STATES ARMY.—We have devoted considerable space in recent numbers of the Journal to this important subject, and we do not propose to let it drop until it is evi-



dent there is no further need of agitating it. At the present time, we know of nothing connected with the management of the army which more urgently demands thorough, efficient and radical reform. The utter insufficiency and cruelty of the present apology for a system has been fully exposed in our pages by Dr. Bowditch, and the members of the medical profession here are already at work to bring their influence to bear upon the Government, to effect the needed changes. This work must not be remitted. It is too common an experience for those who have become impressed with the existence of some mighty evil, to rest content with relieving their minds upon the subject through the press, leaving to others to do what properly falls within the line of their own duty. As for the gentleman who first enlightened us here upon this matter, it needs no assurance from us to those who know him, that he will not leave one stone unturned, so far as his individual efforts are concerned. But what can one man do, where so much is to be effected? The *vis inertiae* to be overcome in dealing with army arrangements on so gigantic a scale as our own, where any important reform is contemplated, is an obstacle requiring Herculean strength to remove it. Dr. Bowditch should receive the sustained, continuous assistance of the whole medical profession, until a complete reformation is effected. No class of men have a stronger hold on the community for bringing about measures of practical benevolence than they have; and through their influence a public opinion may, nay must be created, which will be irresistible. Let the military authorities be besieged and overwhelmed with petitions, if need be; let them have no rest until they yield to the imperative demands of an outraged people.

As we write, we see the announcement in the public press that a movement is on foot, under the direction of a Mr. Pierce, for organizing a body of 12,000 men, as an ambulance corps. We know not under whose authority this step is taken, and we shall be truly rejoiced to learn that it has the sanction of government; otherwise it will be likely to meet the fate of the various relief corps, heretofore raised by individual effort, only to be informed that their services were not wanted. It has been said that the opposition hitherto made to a distinct ambulance organization rests with General Halleck and Mr. Stanton. It is difficult to believe that these gentlemen blindly oppose what every other reasonable man says is simply humane and just. We cannot but think that they may have some plan of their own which they have not as yet made public. General Halleck, as every one knows, when commanding in the West, was particularly courteous and efficient in his assistance to the Sanitary Commission in their humane efforts to lessen the sufferings of the sick and wounded, and we cannot believe the Secretary of War has a harder heart than an old soldier. Let public sentiment, then, be kept alive and active on this subject, until it bears down all opposition, and we can feel assured that everything is done that can be done to assuage the inevitable miseries which this wretched rebellion has brought upon us.

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NITRATE OF POTASSA AS A REMEDY FOR INTERMITTENT FEVER.—The following communication has peculiar interest at the present time. Its statements are so extraordinary as to be almost incredible. Their truth or error admits of such ready proof that we hope soon to hear of conclusive experiments on some of the multitude of cases of intermittent coming under the notice of our army surgeons. It is worthy

of remark that the combinations of potass have a remarkable power of penetrating the tissues and of producing the most unmistakable alterative effect; no medicines in the whole pharmacopœia have more decidedly the character of specifics than the iodide, the chloride and the arsenite of this mineral. The communication of our correspondent recalls to our mind the fact, that several years since we used the iodide of potass successfully in the treatment of a case of fever and ague that had resisted the power of quinine. We sincerely hope that the confidence of our correspondent in the efficacy of the nitrate may be most fully confirmed by the experience of others. Should this be the case, intermittent fever ought to be the last disease from which our soldiers should suffer, for each man has the remedy in his own cartridge box. Query: has the mixture of gun-powder and whiskey in the canteens of the Confederates anything to do with such a supposed medicinal effect?

*Mr. Editor, — R.* Potassæ nitrat., gr. x.; sp. vini gallici vel. aquæ f3 ss. M. Take immediately.

The above prescription I have used with great success in the cure of intermittent fever, even where quinine has failed. In my opinion no preparation is equal to it; for it possesses antiperiodic properties completely, and may be administered when the stomach would not tolerate quinine. I deem it a specific in ague; for I have never failed to arrest the paroxysm, if uncomplicated. You will also find the patients are less liable to relapse than in those cases cured by quinine. In the cold stage, if administered in a full dose, and the patient be placed in bed and covered with blankets, he will in a few minutes experience considerable heat, which will be followed by copious perspiration, and every unpleasant feeling will vanish. When it is more agreeable, the powder may be placed on the tongue and permitted slowly to dissolve.

I shall not attempt to explain the action of this medicine on the system in the cure of ague, but will leave that to older heads than mine to determine; still, we do know that after it is taken into the stomach and becomes absorbed, it has the chemical effect of changing the dark-colored venous blood, to arterial, or at least it changes its color. It also acts on the kidneys as a stimulant, producing diuresis, as well as diaphoresis; and in this manner may rid the system of the poison that causes the ague, provided that poison is produced "by the retention of materials destined for excretion." This medicine, in its operation, more closely resembles nature's mode of curing this same disease, than any other; as she cures by copious diaphoresis as well as diuresis, or in other words by elimination.

I contend that this remedy possesses advantages over any other now in use; especially for its antiperiodic properties, which it possesses *perfectly*. The patients are less liable to relapse than in those cases cured by quinine, and its administration is more agreeable to the patient. And last, but not least, it is much less expensive.

*Hillsboro', Ill., Sept. 13th, 1862.*

AMOS SAWYER.

We print the following communication for the benefit of those, if there be such, to whom paste-boards splints are a novelty. They have been in common use here for some years; but of late, splints made of gutta serena have superseded them to a great extent. This substance is so much more plastic than paste-board, as to be much

more easily adapted to those cases suitable for its use. In the choice of apparatus, however, we are inclined to think that generally it is very much a matter of fancy or convenience with the surgeon, the same result being attained, in different hands, by quite various appliances.

**PASTE-BOARD SPLINTS.** *Mr. Editor*,—I cannot tell whether the use of these splints originated with myself or not; but this is a matter of no consequence. Suffice it to say that I have been in the habit of using them almost ever since the beginning of my practice, now upwards of thirty years. My sole object in calling attention to them is to make them more generally known, especially to our younger surgeons, as the simplest, often the most accessible, and the lightest and the easiest surgical splint I have seen employed. The old wooden splint I have entirely discarded.

Called, for instance, to a case of broken arm, finger, or leg, I cut a bit of paste-board into strips of suitable lengths and width, and soak these in water till thoroughly wet. I then fit them to the adjusted limb, and immediately apply the bandage. This is left on from twelve to thirty-six or more hours, according to circumstances, when I cautiously remove it, and give the limb an airing. The splints are now found to be dry, and completely moulded to the shape of the limb, needing no pads, cotton or flax to fill up vacancies. The arched form which the splints have now acquired, gives them a surprising degree of firmness; and they can be easily adapted from this time onward, to the broken limb, which rests comfortably in them, as in moulds of clay, exactly adapted to the surface of the limb. These splints are so light as not to be at all cumbersome to the patient, and require little skill in their adaptation to the limb. I use different thicknesses of paste-board, according to the size of the part treated; and have been able to see no reason why the paste-board splint should not meet with universal approbation.

JNO. T. PLUMMER.

**INSPECTION OF HOSPITALS.** *Mr. Editor*,—Everything pertaining to hospitals is now exciting much attention. The inspection of hospitals of the army, undertaken by the Sanitary Commission, is an admirable conception, and I doubt not will be productive of satisfactory results. Having given much attention to the subject in general, and thinking, sometime since, that it was desirable we should have more particular information about certain hospitals, so as to make a more correct estimate of the causes of the greater mortality in one than in another, and to arrive at the most truly economic way of building and managing hospitals, I drew up a formula, or list of memoranda, comprising those things which I thought worthy and desirable of notice in describing any particular one. I here offer this to you for publication. As you see, it is made to embrace every department—topographical, constructional, &c., down to the economic and pecuniary. I do not suppose it is perfect, and should therefore like to have any suggestions of points that I have omitted.

#### TOPOGRAPHY.

Elevation—Relative to water surfaces; relative to surrounding country.

Character of surrounding country; of soil.

Proximity to Water—Sea, lake, or river; fresh or salt; tidal?—if so, surface laid bare at ebb—gravel or mud.

Amount of foliage or herbage in the neighborhood.

Any factories ; tanneries ; slaughter-houses ; gas, chemical, or kerosene works ?

What grounds are around the building for the use of the patients ?

#### METEOROLOGICAL POINTS.

Temperature—Minimum ; maximum ; mean.

Hygrometry—Dry or moist.

Prevailing Winds—Cold or warm ; dry or moist.

Is the building sheltered from them ? By what ? high land, foliage or houses ?

#### CONSTRUCTION OF BUILDING.

General Shape and Arrangement—Square ; oblong ; hollow square ; pavilion (how arranged).

Size ; material ; thickness of walls (solid or hollow) ; number of stories ; cellarage ; out-houses.

General Internal Plan—How divided ; size of wards—height.

Do the wards run all across the building, so as to have sunlight on each side and through ventilation ?

Interior Finish—Wood, bare or painted.

Plaster—smooth or rough finish, bare or painted ; on the wall itself or on furring.

Floors—hard or soft wood, bare, painted, or covered.

How is the building heated ?—Lighted (artificial light) ?—Ventilated ?—Drained ?

Privies and Water Closets—On what plan ? Where placed ? Bedside conveniences for patients.

Supply of Water—Kind (limestone, river, well, &c.) ; hard ; soft.

Number of Beds ; material and kind of cot ; material of mattress.

Anything else of notice about beds or their arrangement ; number of cubic feet to each.

Number of admissions ; of beds on average full ; of deaths ; of discharges—relieved, cured.

Average stay of patient.

Any endemics ; any epidemics.

Food—Kind ; quantity (sufficient and obtained in good condition) ; how cooked.

#### FOUNDATION AND MEANS OF SUPPORT OF THE HOSPITAL.

Endowed—By government ; by private individuals ; supported by subscription ; by receipts from patients.

#### GOVERNMENT.

Governor or Trustees—How appointed.

Professional Force—Physicians ; Surgeons ; paid or unpaid. Steward ; matron. Nurses—male ; female.

Laundresses ; cooks and other helps.

#### EXPENDITURES.

Original Cost of Hospital—Ground ; building ; fittings.

Annual Cost—Physician and Surgeon. Steward and matron. Nurses and other helps.

Food ; medicine ; fuel ; light ; other expenses.

Cost of each patient per week—For food ; for medicine.

Whole average cost of patient.

It is also desirable, if possible, that a ground plat of the house, grounds and surroundings, within a radius of an eighth of a mile, should be given. As a general thing, this can be done with little trouble, and sufficiently accurate for all useful purposes, after a little practice. The eye can measure distances nearly enough, or they can be paced off. It must not be forgotten to designate on this plat, the cardinal points—an important item, often omitted.

*4 Staniford St., Oct. 10th, 1862.*

WM. ED. COALE, M.D.

**Suum Cuique Tribuere.**—*The Cincinnati Medical and Surgical News.*

—We are always gratified to see articles from the Journal copied into other medical publications, thus endorsing the value of such articles. Two late numbers of the *Cincinnati Medical and Surgical News* each contain an article from our pages, copied *in extenso*. We regret to observe, however, that in neither instance is any credit given to us, and the position of the articles would lead to the inference that they are original contributions to that respectable Monthly. Should the *News* see fit to publish the concluding portion of Dr. Welsh's interesting translation of Saurel's valuable article on Operations after an Engagement, which appeared in the Journal several weeks since, and of which it printed the first part without giving us credit, we hope to see a due recognition of the source from which it is obtained. *Suum cuique* is a principle which cannot be too jealously observed in all the relations of the medical profession.

**THE AMERICAN DENTAL CONVENTION.**—The eight annual meeting of this Convention was held at Trenton Falls, N. Y., commencing on the 5th of August, and continuing four days. It was largely attended, and its proceedings were animated and of an interesting character. The retiring President, Dr. John Allen, read an address on *the best means of advancing dental science*. Dr. Amos Westcott was chosen President for the coming year, and made some appropriate remarks. A lengthy discussion took place on the use and relative value of anæsthetics. Dr. Rogers stated that he had given chloroform in more than 2000 cases, and had been extremely successful, two cases only of slight disturbance of the health following its use. Dr. Colburn preferred sulphuric ether, which he had given on an average once a day for the past sixteen years; he had formerly used chloroform, but relinquished it for fear of the consequences. Dr. Kingsley stated that in the New York Hospital, ether only was given, and that among conscientious physicians and surgeons chloroform was not used. Dr. Dwinelle gave both ether and chloroform, but usually the latter. Had administered them in about 1100 cases, without injurious effects. He had found that the last thought of the patient previous to anæsthesia was the ruling thought through the condition. He never gave anæsthetics unless absolutely necessary. Dr. Hayes had been in the habit of applying chloroform locally in the extraction of teeth. He first lanced the gums, and then applied it on a wad of cotton. When the pain of the application ceased, he extracted the tooth, and was satisfied that the pain was thus greatly lessened. Dr. Ellis did not like to administer either of the agents. Had used chloroform, until he met with unpleasant results, and then he substituted ether. Thought dentists should discourage the use of both. Dr. Foster was in the habit of using a mixture of both, very cautiously. Dr. Roberts preferred chloroform. Dr. Perkins opposed the use of chloroform as unsafe. Latterly is in the habit of throwing the responsibility on the patient or family physician. Dr. Bogue conceived there was no danger from chloroform, but the time and trouble required prevented his using it. Dr. Perkins, of Milwaukee, considered chloroform the great benefactor of the nineteenth century. Dr. Franklin thought that ether could be used without the possibility of endangering life, and therefore preferred it to chloroform. Dr. Palmer was opposed to the use of any anæsthetic. Dr. Tefft advocated the use of chloroform as a local

agent. Dr. Atkinson would give ether in difficult cases, and in case of trouble use chloroform in connection with it. Dr. Kingsley gave a case where ether was used with a glass inhaler; dilatation of the pupil, stertorous breathing and intense action of the heart followed. Two physicians were called, and all the known remedies for congestion of the brain used. The patient never entirely recovered. The patient had eaten nothing for twenty-four hours, and hardly anything for a week. Attributed the result to this circumstance. Since then, Dr. K. had given chloroform instead of ether when anæsthesia was required. Dr. Searle alluded to the extensive use of chloroform in the army, without ill effects; and under proper circumstances he would give it without the slightest hesitation. Sometimes gave it from a phial through the nostrils. The President preferred chloroform to ether, but thought it better for the dentist to get along without anæsthetics. Dr. Burras applied chloroform locally, but not by inhalation. Dr. Hurd would never under any circumstances use chloroform in his office by inhalation, but sometimes by local application. Dr. Goldey mentioned a death from the use of chloroform. Had used it to some extent, but observing considerable nervousness to follow its use, had abandoned it.

The *treatment of diseased pulp* also formed a subject of discussion by the Convention; as well as the general one of mechanical dentistry, including the use of rubber as a base for artificial teeth.

On the evening of the last day of the session, an enthusiastic meeting was held for the purpose of expressing the sense of the dental profession, through its representatives, "on the question of the rebellion now existing in this country, and to assure the government and the country of the allegiance of this profession to the Union." Thirteen States were represented at the meeting. Patriotic speeches were made by several of the members, by Judge Kirtland, of New York, and by Rev. Mr. Harvey, Chaplain of the 62d N. Y. Regiment, and spirited resolutions were adopted.

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OPIMUM POISONING TREATED BY BELLADONNA.—Dr. W. F. Norris, of Philadelphia, in the *American Journal of the Medical Sciences*, reports two cases of opium poisoning treated by large doses of belladonna. In the first case, as near as could be estimated, seventy-five grains of sulphate of morphia were swallowed. In the course of five or six hours, fifty grains of the extract of belladonna were given, and other remedies were also employed. On the second day the patient had recovered. The other case terminated fatally—the contents of an ounce phial of laudanum having been taken, after a previous attempt at suicide by means of stabbing. A smaller quantity of belladonna than in the first case was administered, it being impossible to make the patient swallow the five-grain dose last attempted. Dr. Norris also gives, in a tabular form, a list of nine cases of poisoning by opium treated by belladonna, selected from the journals, all but one of which were successful; a list of fourteen cases of belladonna poisoning treated by opium, thirteen of which were successful; and four of atropia poisoning treated by opium, in each of which the patient recovered. From his concluding observations, we copy the following:—

"The foregoing cases seem conclusively to show that in opium poisoning, belladonna in doses which in a state of health would cer-

tainly poison, may be administered with impunity and be followed by a rapid subsidence of the symptoms produced by the exhibition of the former drug, and *vice versa* that opium rapidly and safely counteracts the poisonous influence of belladonna. The treatment above indicated has, indeed, in some cases failed, and this may prove that they are not mutually specifics; but even in these fatal cases (which are few) we may sometimes see a partial amelioration of the symptoms, and it is well worthy of inquiry how much in these instances the relative quantities of the two drugs administered, the stage of poisoning in which the patient was first seen, the age and constitution, may have contributed to the result."

A case is related in the *Buffalo Medical and Surgical Journal*, in which a piece of glass, one inch long by about half an inch wide at the base and terminating in a sharp point, was removed from the foot of a lady after having been there for fifteen years. The glass was stepped upon, several pieces entering about the head of the metatarsal bone of the great toe, and all but this one were removed at the time. It had passed across the sole, and was extracted about an inch back of the head of the metatarsal bone of the little toe—having caused but little inconvenience to the patient.

**MEDICAL DEPARTMENT OF THE WEST.**—The following officers have been announced as Medical Directors of the Armies and Departments within the jurisdiction of the Assistant Surgeon-General, Col. R. C. Wood, U.S.A., Chief of the Medical Department of the West: Surgeon W. J. Sloan, U.S.A., Department of the North-West; Surgeon Madison Mills, U.S.A., Department of Missouri; Surgeon B. J. D. Irwin, U.S.A., Army of the South-West; Surg. L. H. Holden, U.S.A., Army of the Ohio; Surg. Robert Murray, U.S.A., Army of the Ohio; Surg. H. R. Wirtz, U.S.A., Army of the Tennessee.—*Am. Med. Times.*

**ANÆSTHESIA FROM A MIXTURE OF CARBONIC ACID AND ATMOSPHERIC AIR.**—Dr. Ozanam, in an important article, speaks of the anæsthetic properties of carbonic acid mixed with air. It is well known that carbonic acid produces asphyxia when inhaled in a state of purity; Dr. Ozanam, by mixing three parts of it with one part of atmospheric air, renders it innocuous. He describes his manner of applying it in the following case. Having to open a large tumor requiring incision to the depth of several inches, he complied with the request of his patient, a young man, who asked to be rendered insensible. The mixture above stated was accordingly introduced into an India-rubber bag capable of containing about 5 1-4 gallons; a long flexible tube, communicating with the bag by a stop-cock, and terminating in an opening applicable to the mouth and nostrils, was then adapted to the patient's face, but so as to allow of his inhaling atmospheric air along with the mixture. The stop-cock was then opened, the bag compressed, and the inhalation commenced. Anæsthesia was produced at the end of about two minutes, and during this time two remarkable phenomena were observed, viz., an acceleration of the action of breathing, and an abundant perspiration on the face. The surgical operation was performed without the slightest indication of pain on the part of the patient; the insensibility was therefore complete. Dr. Ozanam caused the inhalation to cease, and it was only then he applied the bistoury for the last time. This cut was felt by the patient, but the pain was extremely moderate, and the return of sensibility took place without any difficulty.—*Paris Correspondence in British Am. Jour.*

**THE HYPOPHOSPHITES OF LIME AND SODA.**—About two years ago, Dr. Churchill, of Paris, advocated the use of the hypophosphites of lime and soda in

cases of incipient consumption, or at least of a tendency to that disease. His theory rests on the following principle:—that one of the essential conditions of phthisis consists in the want or undue waste of oxydizable phosphorus in the animal economy; and that, consequently, the disease may be prevented by administering a due amount of that element. Since then Dr. Churchill has been actively engaged in collecting facts in support of this certainly very plausible theory, and the results of his observations now form the subject of an interesting series of papers published in the *Medical Circular*, under the title, "The proximate cause of consumption and its specific treatment by the hypophosphites." Of the twenty-four cases hitherto described, there is not one but relates to consumption in the third stage successfully treated by the hypophosphites, a fact which goes far to establish the efficacy of the new remedies, and would perhaps acquire greater value, were some of the negative cases also described. A statistical comparison of the successful with the negative cases would, I think, be extremely valuable in determining to what extent the hypophosphites may be relied on in a disease in which so many remedies have hitherto failed.—*Ibid.*

**WEST PHILADELPHIA GENERAL HOSPITAL.**—A new Department has recently been organized in this model Military Hospital, for the treatment of diseases of the eye, and placed under the care of Dr. Ezra Dyer as its surgeon. This hospital appears to be a favorite institution of Surgeon General Hammond, who draughted the plans, had a supervision of its construction, and personally selected its corps of surgeons.

Government, it is understood, is to rent the hospital grounds at New Haven, Ct., and erect buildings to accommodate one thousand patients. The hospital will be organized on a strictly military basis. Dr. P. A. Jewett has been appointed a surgeon in the United States Army, and the hospital will be under his charge, with a sufficient number of assistant surgeons. Two hundred and fifty wounded soldiers are expected to arrive in New Haven in a few days.—*Courant.*

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, OCTOBER 11th, 1862.

##### DEATHS.

	Males.	Females.	Total.
Deaths during the week, . . . . .	48	38	86
Average Mortality of the corresponding weeks of the ten years, 1851-1861, . . . . .	41.5	39.2	80.7
Average corrected to increased population, . . . . .	..	..	89.
Deaths of persons above 90, . . . . .	..	0	0

##### Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Variola.	Dysentery.	Typ. Fev.	Diphtheria.
9	10	1	2	1	0	4	6	2

**ERRATA.**—On page 214, in a part of this week's issue, the words "mutanter" and "mutamer" should have been printed *mutantur* and *mutamur*.

**DIED.**—In San Francisco, Cal., Dr. E. S. Cooper, Prof. of Anatomy and Surgery in the Medical Department of the University of the Pacific, and Editor of the San Francisco "Medical Press."

**COMMUNICATIONS RECEIVED.**—Case of Gun-shot Wound of the Head.—A common Cause of Baldness.

**PAMPHLETS RECEIVED.**—The Sanitary Condition of the Army of the United States. By Edward Jarvis, M.D. (From the Atlantic Monthly for October.)—Eleventh Annual Report of the Boston Provident Association.—Employment for Patients in the British Lunatic Asylums. By Edward Jarvis, M.D., Dorchester, Mass.

**DEATHS IN BOSTON** for the week ending Saturday noon, October 11th, 86. Males, 48—Females, 38. Accident, 3—apoplexy, 4—congestion of the brain, 2—disease of the brain, 4—bronchitis, 1—burns, 1—cancer, 1—cholera infantum, 10—consumption, 9—convulsions, 2—croup, 1—debility, 3—diarrhoea, 4—diphtheria, 2—dropsy of the brain, 5—drowned, 1—dysentery, 4—epilepsy, 1—scarlet fever, 2—typhoid fever, 5—gangrene (of the leg), 1—disease of the heart, 3—infantile disease, 1—insanity, 1—Intemperance, 2—congestion of the lungs, 3—inflammation of the lungs, 1—marasmus, 2—old age, 1—paralysis, 1—scrofula, 1—unknown, 4.

Under 5 years of age, 39—between 5 and 20 years, 7—between 20 and 40 years, 9—between 40 and 60 years, 16—above 60 years, 15. Born in the United States, 65—Ireland, 16—other places, 5.



# MEDICAL JOURNAL ADVERTISING SHEET

**MUTUAL LIFE INSURANCE.**—The *New England Mutual Life Insurance Company* (Office Company's Building, State st., corner of Congress st., Boston, insures lives on the mutual principle.

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Sept 26 Consulting Physician.

**GARRATT ON MEDICAL ELECTRICITY.**—Comprehending electro-physiology and meteorology; descriptions and uses of the different currents obtained from various kinds of Batteries; "Electro-Therapeutics," showing clearly, yet limiting those classes of nerve-affections, and of joint and muscle diseases, to which this treatment is adapted; methods of application, &c. By ALFRED C. GARRATT, M.D. Second Edition. Pp. 700. 100 Illustrations. Price, \$3 00.

P. S.—Dr. Garratt, No. 9 Hamilton Place, Boston (near Park-street Church), continues to give special attention to the medical uses of Electricity, i. e. prurient galvanism, in *Nervous Affections*—for re-kindling the vital forces; for restoring tone in certain cases of atony, weakness and pain, as also in many of the more grave nervous affections—traumatic, wasting, and reflex-paralysis; cold-rheumatisms, sprains, sciatica, lumbago, irritable spine, neuralgia, headaches, nerve-deafness, sensitive eyes, infantile palsy, chorea, amenorrhoea, torpor of bowels and the like. Feb. 27

**GARDNER'S PERMANENT SOLUTION OF FERRI PROTOXIDE OF IRON.**—The attention of the Medical Profession is called to this novel and eminently successful preparation of Iron. It is becoming so well known, and so generally used, although but a short time before the public, that it has already taken its place among the standard preparations of the day. It contains 40 grains of Ferri Protoxide to the fluid ounce, and is prepared in two forms—bitter and sweet; the former the result of a combination of a vegetable tonic, Quassia, containing no Tannin, whereby a precipitate of Tannate of Iron is avoided) with the mineral. The rapidity with which this article is assimilated is really surprising, usually producing observable effects in chlorosis in from three to six days.

Jersey City, N. J., Feb. 15, 1862.

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Boston, July 1st, 1861.

**HAVING** sold to Messrs. CODMAN & SHURTLEFF, 13 Tremont street, our entire stock of Surgical, Dental, and Veterinary Instruments, and having relinquished these branches of our business, we hereby recommend the establishment of Messrs. Codman & Shurtleff to our former patrons.

HASSAM BROTHERS,  
(late Kingman & Hassam.)

Feb. 12—1f

**ALBANY MEDICAL COLLEGE.**—The next annual course of lectures will commence on the first Tuesday in September, and continue *seven weeks.* Degrees will be conferred at the close of the Session, and also in June. Fee for full Course, \$65. Graduation fee, \$20.

Materials for dissection are abundant, and furnished to Students on a reasonable terms as at any similar Institution in the country. A spacious Hospital has been opened nearly opposite the College, to which Students are admitted free of charge. Weekly Cliniques are held in the College.

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J. V. P. QUACKENBUSH, *Reg'.*

Albany, May 8, 1862.—U

**RETREAT FOR NERVOUS INVALIDS.**—At *Pepperell, Mass.*—The undersigned, having taken the Establishment for many years occupied by the late NATHAN CURTIS, M.D., as a Retreat for Nervous Invalids, will continue to receive patients as heretofore. We are pleased to refer such to Luther V. Bell, M.D., *Charlestown, late of the McLean Asylum.*

Chas. E. Ware, M.D., No. 1 West st., Boston,  
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Chas. F. Jones, Esq., 55 State st., "

JAS M. STICKNEY, M.D.  
*Pepperell, Oct. 18, 1860. Jan 9, '62—1yr.*

**DR. DAVIS'S INSTITUTE,** corner of 37th st. and Madison Avenue, New York. This Institution is established for the purpose of carrying out, in the most appropriate manner, the treatment introduced by the undersigned for diseases and injuries of the spine, including *old dislocations*, and deformities. The principles of his treatment, its benefits and its applications, have freely been communicated to the profession. The advantages of having the patient constantly under personal control and supervision are too obvious to all medical men to require elucidation. Indeed, the Institute is established in compliance with frequent requests of Physicians, as well as patients from abroad.

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**NEW WORK ON DISEASES OF THE EYE.**—*A Practical Guide to the study of Diseases of the Eye; their Medical and Surgical Treatment.* By HENRY W. WILLIAMS, M.D. The author has endeavored to present a concise and serviceable description of these diseases; simplifying their classification; and avoiding, as much as possible, the numerous technical terms which have seemed to render a knowledge of these diseases a difficult acquisition to the general practitioner.

Published by Ticknor & Fields, and for sale by all medical booksellers, and at this office. Price \$1.50. Copies sent by mail, post-paid, on receipt of the price. May 29—U

## MEDICAL JOURNAL ADVERTISING SHEET.

**THE LOCUST-GROVE RETREAT, at Pepperell, Mass.**—The buildings recently erected on the old site of the late Dr. N. Cutter's Asylum, are now being fitted up for the reception of patients. The situation is a very desirable one, the buildings are commodious, and the rooms pleasant and convenient for the purpose. The town also is noted for its fine farms, pleasant drives, and picturesque scenery.

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### REFERENCES.

Rev. E. P. Smith, Rev. J. E. B. Jewett,  
Hon. C. W. Bellows, Col. S. P. Shattuck,  
Charles Tarbell, Esq., Hon. A. Hutchinson,

Windsor Lewis, M.D., 75 Boylston st., Boston,  
A. Emerson, Esq., 2 Spring Lane.  
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July 24, 1882—1f [Somerville]

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References to the first New York surgeons and others. Send for pamphlets. Aug. 14.

**REMOVAL.** DR. CHANNING, 39  
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Sept. 26—1y

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The next Annual Course of Lectures will commence on Monday, October 20, 1882, and will terminate in the early part of March, 1883.

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J. V. C. SMITH, M.D., Prof. of Anatomy.

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HENRY G. COX, M.D., Prof. of Theory and Practice and Clinical Medicine.

CHARLES A. SEELY, Prof. of Chemistry and Toxicology.

Hon. JOHN H. ANTHON, A.M., Prof. of Medical Jurisprudence.

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JAMES E. STEELE, M.D., Demonstrator of Anatomy and Curator of the Museum.

GEORGE WOOD JEWETT, M.D., Assistant to the Prof. of Midwifery.

WM. BALSER, M.D., Assistant to the Prof. of Infantile Pathology.

F. S. SNEADE, Janitor.

A preliminary term will commence on Monday, Sept. 18th, and continue until the Regular term begins. This course will be GRATIS to those students who intend taking a full winter Course, and will be as follows:—

On Amputations, by Prof. CARNOCHAN.

Gun-shot Wounds, by Prof. RAPHAEL.

Pregnancy, by Prof. BUD.

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Bandaging, by Prof. HOLCOMB.

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Further information as to Lectures, Terms, &c., may be obtained by addressing

Prof. B. I. RAPHAEL, M.D.,  
Dean of the Faculty, 91 Ninth Street.

\* Prof. Browne, having received the appointment of Brigade Surgeon, has resigned the chair of Physiology. The chair is now vacant, but will be filled before the commencement of the Course.

Aug. 14—

**PHYSICIAN**, who is retiring from the profession in consequence of his health, wishes to dispose of his location, situated in Massachusetts, about five hour's ride from Boston, to a well-qualified practitioner. This is a fine opportunity to secure a practice of \$2,000 per annum. He would expect any person treating for the same, to purchase his stock of medicines, surgical instruments, and a small but well-selected library. For address, apply to this office. Aug. 21—1f

**IMPROVED SPERMATORRHEA RINGS**—of pure silver, for preventing and curing nocturnal emissions. Price \$3—to physicians, \$2. They can be sent by mail in a letter. Also, a large assortment of elastic, glass and metal Syringes, Breast Pumps, Nursing Bottles, &c. &c., for physicians' and family use. Sold by E. M. SKINNER, successor to J. RUSSELL SPALDING, 27 Tremont street, opposite the Museum, Boston, Mass. March 19

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EDITED BY

SAMUEL L. ABBOT, M.D.

Whole No. 1808.] Thursday, Oct. 23, 1862. [Vol. LXVII. No. 12.

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HARVARD UNIVERSITY.  
MASSACHUSETTS MEDICAL COLLEGE.

THE annual course of Medical Lectures of Harvard University will commence at the Massachusetts Medical College, in North Grove st., Boston, on the first Wednesday of November, 1862. The regular course will be as follows:—

Obstetrics and Med. Jurisprudence by Professor D. HUMPHREYS STORER, M.D.	
Morbid Anatomy by . . . . .	JOHN B. S. JACKSON, M.D.
Clinical Medicine by . . . . .	HENRY I. BOWDITCH, M.D.
Anatomy and Physiology by . . . . .	OLIVER W. HOLMES, M.D.
Theory and Practice of Medicine by . . . . .	GEORGE C. SHATTUCK, M.D.
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Chemistry by . . . . .	JOHN BACON, M.D.
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Clinical Medical and Surgical Instruction will be given at the Massachusetts General Hospital, with Surgical Operations.

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D. HUMPHREYS STORER, *Dean of the Faculty,*

Aug. 7, 1862—tL

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J. C. SHATTUCK, M.D.

## REFERENCES.

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Hon. C. W. Bellows, Col. S. P. Shattuck,  
Charles Tarbell, Esq., Hon. A. Hutchinson,  
of Pepperell.

Winslow Lewis, M.D., 75 Boylston st., Boston,  
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John E. Tyler, M.D., Supt. McLean Asylum,  
July 24, 1862.—[Somerville]

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Oct. 23—17. Boston.

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Prof. of Physiology and Microscopic Anatomy.

JAMES E. STEELE, M.D., Demonstrator of Anatomy and Curator of the Museum.

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" Gun-shot Wounds, by Prof. RAPHAEL.

" Pregnancy, by Prof. BUDD.

" Anatomy and Physiology of the New Born, by Prof. JACOB.

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" Anatomy of the Regions, by Prof. SMITH.

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Further information as to Lectures, Terms, &c., may be obtained by addressing:—

Prof. B. I. RAPHAEL, M.D.,  
Dean of the Faculty, 91 Ninth Street.

\* Prof. Browne, having received the appointment of Brigade Surgeon, has resigned the chair of Physiology. The chair is now vacant, but will be filled before the commencement of the Course.

Aug. 14—

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Sept. 18.

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May 22-17

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March 13-17

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References.—Dr. Walter Channing, Boston; Dr. Oliver Wendell Holmes, Boston; Dr. R. D. Mussey, Boston; Dr. Henry Bartlett, Roxbury; Dr. Dixi Crosby, Hanover, N. H.; Dr. Josiah Crosby, Manchester, N. H.; Dr. Gilman Kimball, Lowell, Mass.; Dr. R. W. Thayer, Burlington, Vt. June 7-17

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**CHAS. H. SPRING, M.D.,** has removed from No. 215 Washington st., to No. 7 Harrison Avenue. Special attention given to Diseases of the Spine. Office hours, 9 A.M. to 2 P.M. Jan. 19-17

**OPHTHALMOSCOPES**—modified from those of Anagnostakis and Jaeger, by JOHN H. DIX, M.D. For sale by CODMAN & SHURTLEFF, Sept. 1-17 13 Tremont st., Boston.

**CURTIS'S CURE FOR BALDNESS**—for sale, wholesale and retail, by I. BARTLETT PATTEN, Druggist, corner of Harrison Avenue and Beach st., Boston. March 16

**DR. J. H. DIX** has removed to Boylston, corner of Tremont street, and attends exclusively to DISEASES OF THE EYE AND EAR. Dec. 24, 1857.

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Boston, July 1st, 1861.

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Materials for dissection are abundant, and furnished to Students on a reasonable terms as at any similar institution in the country. A spacious Hospital has been opened nearly opposite the College, to which Students are admitted free of charge. Weekly Cliniques are held in the College.

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J. V. P. QUACKENBUSH, *Reg'f.*  
Albany, May 8, 1862.—U

**RETREAT FOR NERVOUS INVALIDS.**—At *Pepperell, Mass.*—The undersigned, having taken the Establishment for many years occupied by the late NHEMIAH CUTTER, M.D., as a Retreat for Nervous Invalids, will continue to receive patients as heretofore. We are pleased to refer such to

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JAS M. STICKNEY, M.D.  
Pepperell, Oct. 18, 1860. Jan 9, '62—1yr.

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The Institute is arranged with all the comforts of a private family home, without any of the repulsive accompaniments of a hospital. Further particulars obtained by applying to HENRY G. DAVIS, Sept. 11—11t 210 Madison Av., New York.

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From *Pereira's Materia Medica*, Vol. II. Part II. page 2243.

"The experience of the profession at large appears now quite to have established the fact that Cod-Liver Oil, is one of the most efficacious of all remedies in arresting the progress of pulmonary phthisis; that it enables patients to struggle on longer against the inroads of the disease, and thus enables them sometimes to obtain cicatrization and contraction of cavities which otherwise must have produced speedy death." Dec. 13.

**NEW WORK ON DISEASES OF THE EYE.**—*A Practical Guide to the study of Diseases of the Eye; their Medical and Surgical Treatment.* By HENRY W. WILLIAMS, M.D. The author has endeavored to present a concise and serviceable description of these diseases; simplifying their classification; and avoiding, as much as possible, the numerous technical terms which have seemed to render a knowledge of these diseases a difficult acquisition to the general practitioner.

Published by TICKNOR & FIELDS, and for sale by all medical booksellers, and at this office. Price \$1.50. Copies sent by mail, post-paid, on receipt of the price. May 29—1f

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. LXVII.

THURSDAY, OCTOBER 23, 1862.

No. 12.

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THE PULSATING EMPYEMA OF NECESSITY.

[Communicated for the Boston Medical and Surgical Journal.]

MR. EDITOR,—At a meeting of the Boston Society for Medical Improvement, while the subject of the treatment of hydrothorax and empyema was being discussed, a smile broke over the faces of some members at the question being asked—"Had any person then present ever met with a case of pulsating empyema of necessity?" Truly the term seems somewhat ridiculous and barbarous, yet it is sanctioned by usage and means something important. The subject is now exciting some attention in England, and clinical lectures have been delivered regarding it. It would perhaps be well to learn its precise meaning, and how to distinguish it from other affections for which it may be mistaken.

Robert L. MacDonnell, Licentiate of the Royal College of Surgeons, Ireland, and Demonstrator of Anatomy in the Medical School in Park Street, wrote for the March No. of the *Dublin Journal of Medical Science* for 1844, an article entitled "Contributions to the Diagnosis of Empyema, with Cases." The three first cases are termed by Mr. MacDonnell "Cases of the Pulsating Empyema of Necessity." The author says that although aware of the inconvenience of new names, he does not think that any other would accurately convey an idea of the cases than that of the pulsating empyema of necessity, which expresses the peculiarity of them, and with the exception of the word *pulsating*, is merely the revival of a term which until very lately was employed to express the bursting of an empyema outwardly. I have not had an opportunity to search among old works for the use of the term, but Malgaigne, in the *Médecine Opératoire*, expresses himself thus:—"Une collection de pus, de sang, ou de sérosité, amassé dans la poitrine, peut se trouver circonscrite par des adhérences, et alors on ne doit l'ouvrir que quand fait saillie à l'extérieur au lieu dit *de nécessité*. Mais si elle occupe toute la cavité du thorax, on fait l'ouverture au lieu d'*élection*." Mr. MacDonnell, in the paper mentioned, occupies himself principally with

VOL. LXVII.—No. 12

the diagnosis between the pulsating empyema, thoracic aneurism, and malignant or encephaloid disease of the lung. The points of resemblance between these diseases, especially the first and last, are very interesting and instructive. The three cases of pulsating tumors, abridged as much as possible, are as follows:—

CASE I.—A woman, æt. 28, admitted into the Meath Hospital, Sept. 6th, had been sick with acute pleurisy two months. Emaciated, with pain in left side, below mamma. Cough, with bloody streaks in expectoration, inability to lie on either side. Physical signs, dullness of left side from a few inches below clavicle downwards before and behind. Total absence of respiration all over dull portion. Upper part of left side clear on percussion, with bronchial râles. Right side, clear on percussion, puerile breathing, no dilatation of side, heart not displaced. 26th.—A small tumor had become perceptible every time she coughed, in the situation of the pain. From Oct. 1st to 15th the tumor had increased to the size of an orange, red, shining, fluctuating, with a strong diastolic pulsation. It did not convey the idea of being tilted forward by a pulsating body, as in tumors lying on arteries, but was of an expanding character, and in every part equally strong. Though frequently auscultated, the least trace of a *bruit de soufflet* was never discovered. On the 22d it burst, giving exit to three quarts of pus, and on the 15th of December she died. At the autopsy, the left side of the chest being opened, the lung was found bound by adhesions to the ribs for about two thirds of the pleural cavity, and the remaining third, i. e., between the compressed and shrivelled lung and diaphragm, was an empty cavity. The fourth and sixth ribs were found carious.

CASE II.—A. B., Esq., came to Dublin in May, 1842. Had had pleurisy three years previously. In the middle of June, on examining chest, two large tumors were observed, one in the spot usually occupied by the apex of the heart, the other posteriorly between the tenth and eleventh ribs, two inches from the spine. Both tumors alike in the following particulars. They were large, about the size of a Seville orange, soft and fluctuating, not discolored, but having a few large veins coursing about their bases. Both possessed diastolic pulsation, quite visible, and as strong as that of an aneurism of equal size, but without *bruit de soufflet* or aneurismal thrill. It was easy to see that a communication existed between them, for by placing the hand on one, fluctuation could be felt when the other was tapped. Integument not inflamed or œdematous, and not painful on handling. There was no pulsation till the tumors were as large as turkey eggs. Heart dislocated to the right under mamma. Side not increased in size. Dull on percussion, except two inches below clavicle in front and to middle of scapular region behind. Front tumor punctured by Mr. Cusack and Dr. Graves, and a teacupful of matter evacuated. Mr. C. afterwards saw him, and punctured the posterior tumor. The pulsation, although greatly diminished, did not altogether disappear, but was very perceptible, even in the col-



lapsed sac of the abscess. The tumor in front, which had been punctured first, was now as large as before, and presented a pulsation quite as strong. The patient's health fluctuated for some time from better to worse, until he nearly recovered, when he died from the effects of four months confinement in the Marshalsea, for debt.

CASE III.—Jones, Esq. Pneumo-thorax. Two tumors, the size of hens' eggs. One a few inches below the nipple, the other between the eleventh and twelfth ribs, two inches from the spine. Tender to the touch. A few turgid veins around their bases. Integument covering them discolored and reddish. Both with well-marked fluctuation, and a distinct, perceptible and diastolic pulsation. The last not only evident to the touch, but also to the eye. Both devoid of thrill and *bruit de soufflet*.

Before giving Mr. MacDonnell's remarks upon the distinction between this form of empyema and thoracic aneurism, I will cite two cases from the London *Lancet*, of May 31st, 1862.

CASE I.—St. Mary's Hospital, June 2d, 1857. Edward S., æt. 49. He describes the symptoms of acute pleurisy of the left side, from which he has suffered for eight weeks. Has noticed the progressive development of a swelling just above the left nipple, accompanied by a dull, aching, and occasional throbbing pain. On examination, an unusual prominence over left mammary region, firm, and pain not much increased on pressure. An indistinct undulatory motion, isochronous with the pulse, perceived in intercostal spaces, below mammary line of left side. No aneurismal bruit to be heard. Percussion dull over cardiac region, extending to about an inch above the nipple line, and to a corresponding extent posteriorly, with absence of breath-sounds. Breathing good above scapula and in front of chest. June 3d.—Elastic sensation in tumor, also slight swelling in space between fifth and sixth ribs. June 29th.—Abscess burst. July 31st.—Discharged, cured.

CASE II.—Charing Cross Hospital, Dr. Willshire. W. S., æt. 35. In the summer of 1861 received a blow on the left side, which deprived him of breath and speech for a short time, and gave rise to a rather enduring sickness. No fixed pain settled at the spot, though he had an uneasy sensation there. A month ago, was so unwell that he took to his bed. Rather thirsty, and had a certain amount of cough, though he did not suffer any stabbing pain in the side on drawing breath. Admitted an out-patient the 5th of last January. The clinical assistant found him sitting upright upon a sofa, a position he had been compelled to adopt some time previous. Much dyspnoea. Coughing frequently. Sputa purulent. He was emaciated, cheeks flushed, ends of fingers clubbed. He complained of palpitation, and laid some stress on there being a lump in his side. Upon examination, a tumor was seen bulging out from the eighth intercostal space, at the junction of the diaphragm with the ribs, transversely oval, the size of a hen's egg. The superjacent skin was of a bluish-red color. On closely inspecting it, a pulsation,

synchronous with the heart's beat, was observed. By palpation, a pretty forcible pulsation could be felt, but not any thrill or bruit could be detected by it or by auscultation. The first and second sounds of the heart, however, were to be heard there very plainly. The latter organ was but slightly removed from its normal position. The tumor simulating, in some respects, an aneurism, the clinical assistant requested Dr. Willshire to visit the case with him. Dr. W. arrived at the diagnosis of pulsating empyema of necessity. He passed an exploring needle into the tumor, and pus made its appearance in the groove of the instrument. An incision was now made, and a pint and a half of thick greenish pus evacuated. May 22d.—Left the hospital nearly well. Dr. Willshire, in some remarks to the class, said:—"Let them recollect the immense relief that may be given by freeing the pleura of pus, and the non-necessity of any untoward effects to follow from the entrance of air into the place such pus has occupied. He did not mean to say that the entrance of air should not be prevented were it easily to be accomplished, but it was not so, under any circumstances, unless the operation was performed under water or with a complex apparatus of capillary trocars and suction pump. Both these methods had been followed, and he considered them as unnecessary as they were fussy and imperfect in one important relation." The compiler of this article had the misfortune to say nearly the same thing at the Society for Medical Improvement a few weeks since; but under correction of Dr. Bowditch he finds and is happy to acknowledge that, like Mr. Winkle, of the Pickwick Club, it was "only the awkward gentleman in the skates!"

In regard to the diagnosis between the pulsating empyema of necessity and thoracic aneurism, Dr. MacDonnell remarks:—"When compared with aneurisms, we have, in both cases, tumors occurring in patients who for a length of time complained of pain in the side, difficulty of breathing, cough, inability to lie but on one side; whose constitutions were exhausted by the protracted and distressing nature of their complaints, and in whom the outward progress of the disease was marked by severe pain at a particular point, in which, after a time, a small tumor, of a soft and yielding nature, is observed, which gradually increases in size, is totally devoid of pain, and presents well-marked *diastolic pulsation*. But, on the other hand, the history of the last two cases was that of pleurisy by effusion; their duration also (three years) was greater than the average length of time that patients with thoracic aneurisms live, this being about two years. (One case cited lived seven.) Many of the usual symptoms of the affection are absent, such as dysphagia, the peculiar aneurismal cough, the *bruit de soufflet* (not always present), and a thrill sensible to the hand. So far as I have been able to ascertain, aneurism of the thoracic aorta has never presented itself externally in two situations so widely separated. They were also distinguished from aneurism in the following particulars: the greater portion

of the affected side was dull and without respiratory murmur (this may also exist in aneurism just before death from rupture of the sac and effusion of the contents into the cavity of the chest), yet the pulsation was *only* felt in the external tumors, in this respect differing essentially from aneurisms, in which the pulsation, thrill and *bruit de soufflet* are most intense at the point of maximum dulness; and though by pressure on a bronchial tube, aneurisms may prevent the entrance of air into the part of the lung to which the tube leads, and thus produce absence of murmur, yet this portion of lung will yield a clear sound on percussion." But it is in the distinction between empyema and cancer of the lung, particularly pulsating cancer, that the difficulty lies. "For in many instances of cancer of the lung the patients evidently suffered at the commencement of their illness from pleurisy, excited by ordinary causes and followed by empyema." Three cases are given, the first from Dr. Graves's Clinical Medicine, page 792, the second from Heyfelder's *Archives Générales de Médecine*, the third from Dr. Stokes. In that of Dr. Graves, the patient had the following symptoms: decubitus on the affected side (the right), fixed condition of that side; stitches on drawing a deep breath. Physical signs—universal dulness, with bronchial respiration of right lung; no râle; no vocal fremitus; no resonance of voice. At *post mortem*, the whole right lung a mass of encephaloid matter, pleura thickened and dense. In Heyfelder's case the patient was twice attacked with acute pleurisy. When he first saw him, he was laboring under acute pain in the left side. Stitch on deep inspiration; inability to lie in any position but on the affected side. The left side was fixed and also dilated. The physical signs were complete dulness all over the left lung, with absence of respiratory murmur. No ægophony over this side. The heart was dislocated to the right of the sternum, and in the situation usually occupied by it there was a soft elastic tumor the size of two fists. Right lung sounded clear on percussion everywhere; respiration puerile, without râle. At the *post mortem*, the left lung was found a white lardaceous mass, softened in the centre. The external tumor had sprung from this, and proceeded outwards between the ribs; it was also softened in the centre, and a direct communication existed between these points of softening. Now supposing that these tumors had possessed the pulsation which every day's observation shows that tumors of this kind are extremely likely to enjoy, how could such a case be distinguished? "The grounds of diagnosis could not be derived from the history of the cases, from the sufferings of the patients, from the physical signs, or the nature of the tumors, supposing they had pulsation; nor from their position, for an empyema may point and an encephaloid may form on any part of the thorax. Nor could the comparison of the two sides of the chest afford much assistance, for in two cases of malignant disease, and in two of the empyemas, the dulness and loss of murmur were confined to one side. In these obscure cases," says the au-

thor, "considerable assistance may be derived from a consideration of the points laid down by Dr. Stokes as diagnostic between encephaloid disease of the lung and the ordinary affections of that organ. Thus, in empyema we do not have the remarkable varicose and tortuous condition of the venous system, accompanied by œdema of the chest and arm, occurring *only* on the affected side. For though it is mentioned that varicose veins surrounded the *bases* of the tumors in two of the foregoing cases, yet such a condition is very different from that alluded to in Dr. Stokes's paper. Next is given the peculiar expectoration, resembling black currant jelly. Next, the appearance of soft, elastic, painless tumors in different parts of the body."

I offer no apology for adding the following case from Dr. Krause, of Dantzic.

Nisten Nadolski, æt. 40, of slender make, admitted Feb. 21st. Had always enjoyed good health, never suffered from chest complaints, and was seized with pneumonia of the right side, which ran its usual course. At the end of four weeks the patient was, by her own desire, dismissed, although she had still some difficulty of breathing, with purulent sputa, and there was still dulness on percussion at the base of the right side, and want of respiratory murmur. She continued to improve at home. The cough disappeared. At the end of four weeks, difficulty of breathing again occurred, the expectoration returned. She became hoarse, and complained of pain on respiration. Re-admitted on the 27th of May. Now considerably emaciated, and had smart fever. Respiration hurried, and right side a little enlarged. A firm tumor was observed under the right arm-pit, but somewhat anterior, which rested on the ribs; had a natural color, and was slightly painful. A vein, about the size of a quill, spread over it, running down the arm-pit. The patient had first remarked it fourteen days previously. The glands in the axilla were free from swelling. Respiration heard at the summit and base of the lung, but wholly absent at the middle portion. Percussion dull over the whole right side. Normal only under the clavicles. Expectoration considerable, of a dirty green. She lay continually on her back, and slept little. The tumor continued to increase in size, became livid, and fluctuation was felt. It was opened by a bistoury. No pus appeared, but a bloody-colored serum, and the incision was immediately filled with a grumous, homogeneous mass. There was considerable hæmorrhage. She died on the 6th of June. The middle portion of lung was occupied by an encephaloid mass. The external tumor being merely a portion, protruded through the intercostal space.

W. C. B. FIFIELD.

*Harrison Square, October 17th, 1862.*

## DOUBTFUL PREGNANCY.

[Read before the Suffolk District Medical Society, September 27th, 1862, by JAMES AYER, M.D., and communicated for the Boston Medical and Surgical Journal.]

Mrs. H., æt. 44 years, of strumous diathesis, nervous, pale and anæmic, the mother of several living children, and had suffered six or seven miscarriages; menstruation regular, though pale and scanty; her youngest child ten years old; was treated for anæmia and a goitrous enlargement of the thyroid gland. Her pulse was feeble, and appetite capricious, though she walked, twice a week, from her house to my office, a mile or more in distance. Large quantities of blood had previously been lost in the abortions, and her labors had been severe and recoveries therefrom protracted. Under a treatment of the preparations of iron internally, and of iodine externally, the tumor of the throat gradually disappeared. After a few months she ceased to call upon me.

Several months after, the patient called to say that the catamenia had ceased, and that her breasts had increased in size and sensibility; that her appetite for breakfast had failed, and that she felt in all respects as she had done in the early stages of pregnancy. I gave no opinion, but advised delay. In four to five months after the cessation of the menstrual show, she reported "motion" in the left abdomen. The foetal heart could not be heard, though slight motion could be felt through the clothes. Meanwhile the mammæ had apparently increased, and the areolæ had become bronzed and the lacunæ enlarged—whether recently or not, I could not determine. The patient had noticed a slight secretion of milk in the nipple.

The convictions of Mrs. H. were of pregnancy; and, from appearances, I was inclined to concur in the opinion. As time wore on, the abdomen gradually increased; but when firmly pressed, there was not the tumor-feeling to be expected. The patient remarked that she always carried her burden more back, and her figure changed but little up to confinement. This I could allow for in her peculiar form. At the fifth and sixth month, a bloody discharge occurred from the uterus—moderate in quantity, but constant from day to day. At the sixth and seventh months the os tinæ, on examination, was apparently shortened and thickened, and corresponded in size and appearance to what is usual at those periods.

The urine was somewhat scanty, with lateritious deposit. The patient was kept quietly in bed. Her appetite was light, though the general health was pretty good.

Her proportions increased up to the ninth month, and so did the motion, confined to the whole of the left abdomen—so apparent that it was noticeable, from raising the clothes, half way across the room. Still there was no foetal heart, and no decided tumor.

Dr. Storer was called, and, after examination, expressed doubts of pregnancy. At his suggestion, the os was dilated by spongetents for a few days, and subsequently Simpson's sound was introduced two and a half inches, and swept the uterine cavity.

Thus ended this case of supposed pregnancy. Too much reliance evidently had been placed upon the patient's experience and sensations, and too much allowance had been made for the absence of physical signs.

Subsequently the case was treated by remedies addressed to the kidneys, nervous system, and for invigorating the blood. So rapidly did the patient recover, that in a few weeks thereafter she was able to go into the country. Her health has continued very good since—the space of an entire year.

The enlargement of the *mammæ* and abdomen, in this case, was remarkable—and still more so the powerful and long-continued motion. Apparently there was no disease, either functional or organic, to produce these anomalous symptoms. The whole deception, I suppose, is to be attributed to those remarkable manifestations sometimes witnessed at the period of catamenial cessation. At the close of the case, it appears strange that there should have been a mistake in diagnosis; but during its progress, so deceptive were many of the symptoms, I confess I am not surprised at it.

#### A COMMON CAUSE OF BALDNESS.

[Communicated for the Boston Medical and Surgical Journal.]

It has doubtless been noticed by almost every one, that while baldness is common with men it is very rare with women, and the question very naturally arises, "why is it thus?"

Some have thought that the want of *ventilation*, when the head is covered with a hat, or cap, is a sufficient reason. But I think it can be shown that there is a better one, although the hat will still be chargeable with the mischief; not, however, because it excludes the air, but because it *compresses the veins* that return the blood from the scalp. This is especially true of the hard, unyielding hat of fashion. If one would satisfy himself upon this point, let him inquire whether baldness is, or is not, more common among those who are in the habit of wearing the stiff, dress hat, than among the other classes. For this purpose let him attend the opera or some fashionable church, and then some gathering of the more humble classes, and note the difference as regards the relative number of bald heads. But I will offer a better and more positive reason for making an attack upon the "stove pipe" hat. Please turn to your bald-headed friend—who is sure not to be far away—and place your finger, with a moderate pressure, upon the frontal vein, and note how speedily it becomes swollen and the scalp turgid. Ask him if he does not experience an uncomfortable sense of fulness and constriction about the head, whenever he wears the hat, and especially if in the hot sun, and I am sure he will, three times out of four, tell you he does. This, of course, need not apply to cases of syphilitic baldness, or to any case where there is known to be

some other and specific cause. But I speak of ordinary cases of baldness without a well known cause.

But it may be asked; "if the hat be the real cause of baldness in the one case, why are not all thus affected who wear the hat?" The reasons are obvious, and at the same time of such a nature as to sustain the propositions already advanced. The class of bald-headed men of whom I am speaking, for the most part, I believe, have a certain peculiarity or type of organization. Their tissues are soft and pliable; their veins are large, superficial and *easily compressed*; and it is quite noticeable that a large proportion of them have a large occipito-frontal diameter to the head—as compared with the bi-temporal—thus favoring the compression of the frontal and occipital veins. Owing to the natural shape of the head, the temporal veins are probably not often interfered with by the hat. So well do these peculiarities of structure correspond with the facts of baldness, that, in well marked cases, I believe it would not be difficult to point out before hand, the young man who will, or will not, become bald under the pressure of the hat if long worn. But I am inclined to think the case is too plain for argument, and that to suggest it to the observer is sufficient. That a long continued interruption of the venous currents of the scalp would induce disease and decay, no one, I suppose, will question. And now it will be asked, what shall be done to remedy the evil, if my propositions thus far are correct? I know of but one way, and that is to remedy the hat. Let it be so constructed as to leave untouched the facial, occipital and temporal veins. P. K. G.

*Aurora, Ill., October 8, 1862.*

#### CASE OF GUNSHOT WOUND OF THE HEAD.

[Communicated for the Boston Medical and Surgical Journal.]

DANIEL W. HATCH, 83d Penn. regiment, was brought to the Presbyterian Church Hospital, Georgetown, on the 1st of September, having been wounded the day previous at the battle of Bull Run. Upon examination, it was found that there was a fracture of the skull near the right frontal sinus, the ball entering at that point, and passing along the infra-orbital process of the maxillary bone and through the posterior nares and lodging in the left antrum. Vision of the right eye was completely destroyed. The pupil is irregularly dilated to nearly the whole circumference of the iris. The olfactory nerves are partially affected, also the Schneiderian membrane. There is partial paralysis of the motor nerves, the patient being able to open the mouth only about one half inch. This difficulty, however, is fast disappearing. The general health of the patient is excellent, and he thinks of returning home. The ball still remains in the left antrum, causing quite a perceptible protuberance of the cheek bone.

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# RADICAL CURE OF FISTULA IN ANO, WITHOUT THE USE OF THE KNIFE.

[Reported by D. B. HOFFMAN, Assistant Surgeon U. S. A., San Diego, Cal.]

JOHN J. V—— A——, æt. 38, a citizen of this place, and a wagon-maker by trade, came to me, some three years ago, and complained of there being something unusual the matter with his anus. (He had been troubled slightly with hæmorrhoids for several years.) I made a casual examination of those parts at the time, and found a fistulous opening on the right side of the gut, about three fourths of an inch from the edge of the true orifice, in a highly inflammatory and painful state. I ordered the usual remedies to be used, preceding perquisition, and as soon as the inflammation and painful tenderness had subsided sufficiently, proceeded to make a thorough and careful examination. The result was, the disclosure of a complete fistula, with one opening into the rectum. I then carefully examined and questioned him, as to the present and former condition of the principal organs, with which this disease is frequently found complicated; but no organic cause of any kind could be found. I then told him the condition that he was in, and recommended the usual operation. He objected most emphatically, to this, to use his own language, "cutting business," and desired me to treat him in some other way, which I have done, with good and satisfactory results, as follows. I directed him to remain in his room, and keep as quiet, and rest as much in a recumbent position, as possible; to use a cold-water bath to the affected parts frequently, and, at the same time, throw cold water up the bowel freely, with a syringe. I also injected the fistulous opening once a day with the tincture of iodine, and gave a tablespoonful of the following prescription: *R.* Sulphur flor., rosin. pulv., aa  $\frac{3}{4}$  ss.; mel. desp.,  $\frac{3}{4}$  i. *M.* Ft. electuary. Use once a day. This course of treatment cured him in twenty-three days, and there is not a sign of the fistula, nor has there been at any time during the last three years. His diet during that time was altogether of a bland nature, no solids of any kind were allowed, and the use of tea and coffee was prohibited. Milk and strong beef soups were the principal food used.—*San Francisco Med. Press.*

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## ON THE DIAGNOSIS OF HÆMOPTYSIS.

BY HYDE SALTER, M.D., F.R.S., FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS, &c.

I FIND it not at all an uncommon thing to meet with cases, both in hospital and private practice, in which I feel at first, and occasionally for some time, a doubt as to the source of hæmorrhage which is discharged from the mouth. This uncertainty arises in part from the inaccuracy of observation and looseness of speech of those who are describing their symptoms, in part from being deprived of any opportunity of oneself inspecting the blood discharged, and in part



from the clear and entire absence, in some cases, of all distinctive signs as to the whereabouts of the bleeding. A patient tells you he has "spit" blood, or "raised" blood, or "thrown up" blood; but the blood said to be "spat" may have come from the stomach, and the blood said to be "thrown up" may have come from the lungs; or, after having described the method of getting rid of the blood as "throwing it up," the patient on a cross-examination will confess that he coughed it up, or, after having said that he "spits" it, will admit that he never spits it without being sick. I have frequently been told by Irish patients that they "retched" the blood up, when I have found afterwards that it has really come from the lungs. Not unfrequently the closest and most searching cross-examination fails to elicit from your patients the way in which the blood was discharged, and simply because they themselves have exercised no observation at the time the hæmorrhage was occurring, and therefore find it impossible to give you any information one way or the other. If we could always see the blood, a great deal of obscurity would be cleared up, but we often find it has been thrown away, or are shown it upon handkerchiefs, or so intermixed with foreign material, and so long after its discharge, that it has lost all distinctive characters. The last source of uncertainty that I have mentioned—namely, the absence of all distinctive signs as to the whereabouts of the bleeding, is really not uncommon. In the cases of intelligent and self-observant patients, where I have had an opportunity of examining the blood, and ascertaining both by interrogatories and physical examination the condition of the lungs and stomach, I have still had some doubts as to which of these two organs the blood came from.

A case of this last character came under my observation a few days ago, in which the turning point of the diagnosis was sufficiently interesting, and which it is my purpose in the present communication to narrate. I need not enlarge upon the primary and essential importance of an early and correct diagnosis of the seat of the hæmorrhage in cases both of hæmoptysis and hæmatemesis.

I was called, on Sunday, June 22d, by my friend Mr. Guy, of Dorset-square, to see with him, as soon as possible, a patient who was suffering from profuse hæmorrhage. On arriving at the patient's house, I heard from Mr. Guy the following account of his case:—

The patient, who was sixty-eight years old, had been seized with blood-vomiting on the evening of the previous Thursday, and Mr. Guy had been hastily sent for to see him. The quantity of blood which was found to have been discharged was a washhand-basin three parts full. This Mr. Guy saw; it was free from froth. On the following day (Friday) the bleeding was much less; on Saturday it returned profusely, and on Sunday with such violence that I was hastily sent for. Mr. Guy had witnessed a good deal of the

hæmorrhage himself, and distinctly ascertained that the blood welled up into the mouth apparently spontaneously, without effort, and without either vomiting or coughing. Gallic acid and other anti-hæmorrhagics had been given, and scraps of ice swallowed at intervals; but so little was the hæmorrhage controlled by these means that the patient was of opinion that the medicine rather provoked it.

On entering the patient's room, I found an old man sitting up in bed, pallid from loss of blood, and with a feeble voice. His breathing was slightly accelerated, and his speech short; but this seemed sufficiently explained by his exhaustion and by other circumstances, not bearing on the source of the hæmorrhage, which I will presently relate. His pulse was between 70 and 80, and except being a little too compressible, was in every way natural. He told me he had no pain anywhere of any kind, and *had* had none. His history was as follows :—

He had always been a man of regular and temperate habits, and had enjoyed good health, except that for many winters past he had been liable to attacks of bronchitis; some of these had been very severe, and for the last few years he had had almost constantly a certain amount of cough and expectoration. Latterly, however, he had been better in these respects, and had been coughing and spitting less than usual; his friends, too, had been telling how much better he was looking. On catechising him, I found that he had had no recent loss of flesh, no loss of power, no streaks of blood with the expectorated mucus, no night-sweats; that he had no loss of appetite, no pain after eating, no vomiting, no epigastric tenderness; in fact, that there was a clear absence of any signs or symptoms pointing either to hæmoptysis or hæmatemesis. I was shown about half a pint of semi-coagulated blood in a basin, and certainly this was free from froth. On close inquiry, it seemed that the blood was generally, if not always, discharged in the way Mr. Guy described, and without any true vomiting.

On examining the chest I found the breathing natural, and the lungs everywhere healthy, except at the posterior part of their bases. On the left side this region was the seat of crepitation; on the right, of no sound whatever; the respiratory murmur was quite lost; that part of the right lung was dumb. Percussion was fairly resonant everywhere; hyper-resonant nowhere. I should mention that the breathing at the apices, and over the *whole* of the *front* of the chest, was compensatory in its character.

This completed the evidence submitted to me.

Now I think it will be admitted that in this case the distinctive signs of the seat of the hæmorrhage were wanting, that the evidence altogether was of a negative character, and that no one could assert on the strength of it that the hæmorrhage was either hæmatemesis or hæmoptysis. This will, I think, appear the more clear if we just consider the distinctive signs of these two hæmorrhages: thus—

In hæmoptysis we have—

The blood frothy.

The blood mixed with sputum.

The discharge attended with coughing.

Evacuations not affected.

Pulmonary symptoms and history.

In hæmatemesis we have—

The blood not frothy.

The blood mixed with food.

The discharge effected by, or attended with, vomiting.

Evacuations often black.

Gastric symptoms and history.

It might be conceived that the physical signs at the lower part of the lungs behind pointed to a pulmonary source of the hæmorrhage; but to my mind the antecedent history of chronic bronchitis deprived these signs of any significance. I felt that the crepitation at the posterior part of the base of the left lung might merely mark the present seat of the chronic bronchitis, and the dumbness of the corresponding region of the right side might depend on nothing more than the partially collapsed and partially emphysematous lung, the seat of some of the old attacks.

Thus I felt in the same doubt as my friend Mr. Guy, and was quite unable to pronounce positively as to the seat of the bleeding, when a circumstance occurred that to a certain extent supplied evidence of a positive nature. Just as I was going to leave, our patient was seized with a violent fit of coughing—the prolonged and fruitless coughing of a weak old man. After repeated efforts the material producing the cough was at length driven through the glottis, and spat from the mouth, when, behold! it was blood—a black clot, as big as a filbert, with one end distinctly frothy.

This was the most conclusive evidence we had as yet obtained, and with this modicum of positive evidence I left our patient, after having suggested the frequent administration of small doses of turpentine and opium.

I did not see him again until Tuesday morning. He had had a good day on Monday, with no profuse hæmorrhage, and only the expectoration of clots. I repeated all my old inquiries, with the view of eliciting, if I could, any further information, until, on being told that all the clots expectorated were singularly alike, the idea occurred to me that a close inspection of them might reveal the seat of their formation, and that they might perchance be found to be moulded in some one part of the air passages. I inquired of the attendant of our patient if the clots appeared to be branched, or if he had shaken them out in water, and, being answered in the negative, I procured a basin of water, and shook out in it the last clot expectorated, and which I was informed was the counterpart of the rest. To my great satisfaction I saw it, as I shook it out, unfold into a tree of blood, a perfect cast of the bronchial tubes, resembling, except in color, the plastic bronchial casts so frequently seen.

The whole thing was now cleared up, as far as the seat of the

bleeding went; there could no longer be any doubt that the hæmorrhage was poured out into a principal bronchus, of which, and of the immediate ramifications of which, it formed the mould. And I was inclined to think that this bronchus was the left, for this special reason: on listening at the base of the left lung posteriorly, I found that the crepitation which I had heard so abundantly on my previous examination was quite gone. Now if this crepitation had been due to the patient's chronic bronchitis, as I at first thought it was, it could not have so quickly and so completely cleared away. If not due to the bronchitis it must have been due to the blood—to blood that had gravitated to the most dependent part of the lung from the seat of the bleeding; being, therefore, in the left lung, the bleeding must have been on the left side, and the size of the main trunk of the cast showed that it could not have been moulded in a tube of less calibre than the principal bronchus. I was induced thus to fix upon the exact spot, and say that the left bronchus was the seat of the hæmorrhage.

Now, taking these data, what diagnosis could be built upon them? No other, I think, than that the bleeding was aneurismal; that the aneurism communicated by a small fissure—a fissure so small that the bleeding was intermittent—with the left bronchus; that it was, therefore, probably an aneurism of that part of the aorta beneath which the left bronchus passes—i. e., the convexity of the arch, or the commencement of the descending portion; lastly, that the aneurism was small, as it revealed itself by no physical signs—there was no pain, no dysphagia, no pulsation, no murmur, the pulse was alike in both wrists. There was one circumstance in the form of this clot that, as I interpret it, strongly pointed to an aneurismal origin of it. Close to the large extremity of the main trunk, two branches seemed to arise by a common stem; but on separating these branches it was found that they were adherent at their extremities; in fact, they formed a ring. Now, I cannot conceive how a coagulum of this form—an unramified ring—could be moulded in a bronchial tube. I think it must have been formed in the aneurism, and dragged thence when the clot was discharged; that it was, in fact, a portion of the coagulated blood in the aneurism; that the size of the ring probably marked the size of the aneurism, and that the pedicle by which it was attached occupied the orifice of communication between the aneurism and the bronchus. This may seem making extensive deductions from small premises, but I do not see how the annular form of this part of the clot can be otherwise explained.

Such was and is my diagnosis of this case, and its subsequent history has but confirmed my opinion. I have not seen the patient now for a fortnight (for, having expressed to the relatives my opinion as to the hopeless nature of the case, they imagined I had arrived at the end of my tether in the way of treatment, and that some one else might be richer in resource, and so sent for that some one else); but I have heard from Mr. Guy that the hæmorrhage still continues,

that the patient is getting increasingly blanched by it, that casts are frequently expectorated, though not so perfect as the one I have described, and that there is still the same absence of symptoms, either of stomach or lung disease, and of signs of aneurism.

The great point of interest about this case, and that which to me appears to make it worth recording, is the peculiar circumstance that rendered certain the previously doubtful seat of the hæmorrhage, and at once reversed the diagnosis which had in the first place been formed.

In concluding, I cannot but remark that this case seems to me to confirm an opinion I have long entertained as to the nature of those cases of supposed plastic bronchitis in which hæmoptysis precedes or accompanies the discharge of the casts. I have always suspected that in these cases the fibrinous casts are the result of the hæmoptysis, and not the hæmoptysis the result of the detachment of the casts. It seems impossible to imagine how the discharge of a peculiar inspissated mucous exudation (and the ordinary bronchial casts are nothing more) can be a cause of hæmorrhage; while, on the other hand, decolorization of coagulated blood occupying the bronchial tubes would furnish pale and ramified casts. Moreover, it seems difficult to imagine why the discharge of the casts should in some cases always be attended with profuse hæmorrhage, and in other cases with none, except on the supposition of an essential difference in the nature of the casts in the two cases. I remember some time ago being told by a physician, of a case in which the late Dr. Todd expressed an opinion that the hæmoptysis was due to the detachment of bronchial casts, which he predicted in a few days would appear. In a day or two, when the bleeding was pretty well over, they *did* appear, and Dr. Todd got no small *kudos* for his prophecy, which was thought little less than miraculous. My informant expressed the belief, and I quite concurred with him, that the casts spat up after the hæmorrhage were nothing but decolorized fibrin whose discharge had, in some way or other, been delayed.—*London Lancet.*

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON: THURSDAY, OCTOBER 23, 1862.

OUR readers will be interested in the following communication and the accompanying Army Order, which show that the subject of a distinct ambulance organization has not been entirely neglected heretofore, at least in some departments of the army. It does not appear that the plan proposed was ordered for any other department than that exclusively under the command of General McClellan. In its details it seems to be excellent, and all that could be desired—on paper. We have heard nothing of its practical working. It will be remembered that Dr. Bowditch's lamentable experience of the entire

want of system in removing the wounded from the field of battle was near Washington, at a time when the chief command of the troops in that vicinity was not with the General who issued the order below. Whether any such organization existed there or not, does not help the matter much. If it did exist, there was the most culpable negligence on the part of those whose business it was to carry it into effect; if it did not exist, the opprobrium is just as great, and no official position should be high enough to screen the delinquent from the indignation of an outraged community.

{ CAMP OF 28TH REGT. MASS. VOLS., ISRAEL CREEK,  
IN PLEASANT VALLEY, MD., OCT. 11th, 1862.

To Dr. Wm. J. Dale.

DEAR SIR,—Your note of Oct. 3d reached me last evening, and just as I was about to answer it this morning a Medical Journal of September 25th reached me. Looking over it before writing to you, the remarks of Dr. Bowditch met my eye, and his desire to have a proper organization for the ambulance corps reminded me of an order in reference to some such organization I had accidentally met with, and which, if measures were taken to make it anything more than an organization upon paper, would be of much assistance to the surgeon, and of great advantage to the wounded. The absence, on account of sickness, of the Medical Director of our Division, for a couple of weeks, made me, for the time being, Medical Director, i. e., by order of Gen. Wilcox, and an attempt was made to organize the corps in accordance with this order, but it was found that unless the heads of departments would interest themselves in its enforcement very little could be done. Thus, article 2d of the order provides that the allowance shall be "*one transport cart, one four-horse and two two-horse ambulances for a regiment*"; but it is impossible to procure either transport carts or four-horse ambulance wagons, and the transportation for the Hospital Department is so limited that the surgeon must content himself with carrying what he can in one of the ambulance wagons he *can* procure. Again, article 9 is based upon a myth, for there is no reserve corps of surgeons that I know of. Neither have medicine wagons been furnished to Divisions. Indeed, so little trouble has been taken in the formation of the ambulance corps in accordance with this order, that the existence even of the order is unknown to most surgeons here, and few know anything about its details.

I take the liberty of sending you a copy of the order, which does not belong to me, on account of the benefit which may result from giving it publicity, and perhaps thereby furthering its enforcement.

Yours &c.,

P. A. O'CONNELL.

{ HEADQUARTERS, ARMY OF THE POTOMAC, CAMP NEAR  
HARRISON'S LANDING, VA., AUGUST 2D, 1862.

*General Orders, No. 147.*

The following regulations for the organization of the Ambulance Corps and the management of ambulance trains, are published for the information and government of all concerned. Commanders of Army Corps will see that they are carried into effect without delay.

1. The Ambulance Corps will be organized on the basis of a Captain to each Army Corps, as the Commandant of the Ambulance Corps; a 1st Lieutenant for a Division, a 2d Lieutenant for a Brigade, and a Sergeant for each regiment.

2. The allowance of ambulances and transport carts will be, one transport cart, one four-horse and two two-horse ambulances for a regiment, one two-horse am-

bulance for each battery of artillery, and two two-horse ambulances for the Headquarters of each Army Corps. Each ambulance will be provided with two stretchers,

3. The privates of the Ambulance Corps will consist of two men and a driver to each ambulance and one driver to each transport cart.

4. The Captain is the commander of all the ambulances and transport carts in the Army Corps, under the direction of the Medical Director. He will pay special attention to the condition of the ambulances, horses, harness, &c., requiring daily inspections to be made by the commanders of Division ambulances, and reports thereof to be made to him by these officers. He will make a personal inspection once a week of all the ambulances, transport carts, horses, harness, &c.; whether they have been used for any other purpose than the transportation of the sick and wounded, and medical supplies; reports of which will be transmitted through the Medical Director of the Army Corps to the Medical Director of the Army every Sunday morning. He will institute a drill in his corps, instructing his men in the most easy and expeditious method of putting men in and taking them out of the ambulances, taking men from the ground and placing and carrying them on stretchers, observing that the front man steps off with the left foot and the rear man with the right, &c. He will be especially careful that the ambulances and transport carts are at all times in order, provided with attendants, drivers, horses, &c., and the kegs daily rinsed and filled with fresh water, that he may be able to move at any moment. Previous to and in time of action, he will receive from the Medical Director of the Army Corps, his orders for the distribution of the ambulances, and the points to which he will carry the wounded, using the light two-horse ambulances for bringing them from the field, and the four-horse ones for carrying those already attended to farther to the rear, if the Medical Director considers it necessary. He will give his personal attention to the removal of the sick and wounded from the field, and to and from the hospitals, going from point to point to ascertain what may be wanted, and to see that his subordinates (for whose conduct he will be responsible) attend to their duties, in taking care of the wounded, treating them with gentleness and care, and removing them as quickly as possible to the places pointed out; and that the ambulances reach their destination. He will make a full and detailed report, after every action and march, of the operations of the Ambulance Corps.

5. The 1st Lieutenant assigned to the Ambulance Corps of a Division, will have complete control, under the commander of the whole corps and the Medical Director, of all the ambulances, transport carts, ambulance horses, &c., in the Division. He will be the Acting Assistant Quartermaster for the Division Ambulance Corps, and will receipt and be responsible for the property belonging to it, and be held responsible for any deficiency in ambulances, transport carts, horses, harness, &c., pertaining to the Ambulance Corps of the Division. He will have a travelling cavalry forge, a blacksmith and a saddler, who will be under his orders, to enable him to keep his train in order. He will receive a daily inspection report of all the ambulances, horses, &c., under his charge, from the officer in charge of the Brigade Ambulance Corps, will see that the subordinates attend strictly to their duties at all times, and will inspect the corps under his charge once a week; a report of which inspection he will transmit to the commander of the Ambulance Corps.

6. The 2d Lieutenant in command of the ambulances of a Brigade will be under the immediate orders of the commander of the Ambulance Corps for the Division, and have superintendence of the Ambulance Corps for the Brigade.

7. The Sergeant in charge of the Ambulance Corps for a regiment will conduct the drills, inspections, &c., under the orders of the commander of the Brigade Ambulance Corps, and will be particular in enforcing rigidly all orders he may receive from his superior officers. The officers and non-commissioned officers of this corps will be mounted.

8. The detail for this Corps will be made with care by commanders of Army Corps, and no officer or man will be selected for this duty except those known to be active and efficient, and no man will be relieved except by orders from these Headquarters. Should any officer or man detailed for this duty be found not fitted for it, representation of the fact will be made by the Medical Director of the Army Corps to the Medical Director of this Army.

9. Two medical officers from the reserve corps of surgeons of each Division, and a hospital steward who will be with the medicine wagon, will be detailed by the Medical Director of the Army Corps, to accompany the ambulance train when on the march, the train of each Division being kept together, and will see that the sick and wounded are properly attended to. A medicine wagon will accompany each train.

10. The officers connected with the Corps must be with the trains on a march, observing that no one rides in the ambulances without the authority of the medical officers, except in urgent cases; but men must not be allowed to suffer, and the officers will, when the medical officers cannot be found, use a sound discretion in this matter, and be especially careful that the men and drivers are in their proper places. The place for the ambulances is in the front of all wagon trains.

11. When in camp the ambulances, transport carts and Ambulance Corps will be parked with the Brigade, under the supervision of the commander of the corps for the Brigade. They will be used on the requisition of the regimental medical officers, transmitted to the commander of the Brigade Ambulance Corps, for transporting the sick to various points, and procuring medical supplies, and *for nothing else*. The non-commissioned officer in charge will always accompany the ambulances or transport carts when on this or any other duty, and he will be held responsible that they are used for none other than their legitimate purposes. Should any officer infringe upon this order, regarding the uses of ambulances, &c., he will be reported by the officer or non-commissioned officer in charge, to the commander of the train, all the particulars being given.

12. The officer in charge of a train will at once remove anything not legitimate, and if there be not room for it in the baggage wagons of the regiment, will leave it on the road. Any attempt by a superior officer to prevent him from doing his duty in this or any other instance, he will promptly report to the Medical Director of the Army Corps, who will lay the matter before the commander of that corps. The latter will, at the earliest possible moment, place the officer offending in arrest for trial for disobedience of orders.

13. Good serviceable horses will be used for the ambulances and transport carts, and will not be taken for any other purpose, except by orders from these Headquarters.

14. The uniform of this Corps is, for privates a green band two inches broad around the cap, a green half chevron, two inches broad, on each arm above the elbow, and to be armed with revolvers. Non-commissioned officers to wear the same band around the cap as a private; chevrons two inches broad, and green, with the point towards the shoulder, on each arm above the elbow.

15. No person will be allowed to carry from the field any wounded or sick, except this corps.

16. The commanders of the Ambulance Corps on being detailed will report without delay to the Medical Director at these Headquarters for instructions. All Division, Brigade or Regimental Quartermasters having any ambulances, transport carts, ambulance horses or harness, &c., in their possession, will turn them in at once to the commander of the Division Ambulance Corps.

BY COMMAND OF MAJOR GENERAL McCLELLAN:

Official.

S. WILLIAMS, *Assistant Adjutant General*.

VERMONT MEDICAL SOCIETY.—This Society held its Annual Meeting at the State House, Montpelier, Wednesday and Thursday, Oct. 15th and 16th. The President, Dr. A. T. Woodward, of Brandon, in the chair. The record of the last meeting having been read and approved, the Chair appointed Drs. Woodward of St. Albans, Clark of Montpelier, and Stiles of Windsor, a Committee on Credentials; and Drs. Chandler of St. Albans, Russ of Pomfret, and Houghton of Pawlet, a Committee on Nominations.

The following gentlemen were elected members:—D. R. Story, M.D., Proctorsville; N. W. Fairchild, M.D., Milton; George W. Nichols, Bethel; C. H. Tenney, M.D., Hardwick; E. G. Judkins, M.D., Waitsfield; E. P. Fairman, M.D., Walcott; J. E. Frink, M.D., Waterbury; W. W. Braley, M.D., Chelsea; T. G. Simpson, M.D., Vershire; H. F. Crane, M.D., Ferrisburgh; Daniel C. Joslin, M.D., Waitsfield; Lester Kingsley, Moretown.



The credentials of Dr. E. M. Snow, delegate from the Rhode Island Medical Society, were presented, and Dr. Snow was invited to sit with the Society, and participate in the deliberations of the same.

The following resolution was adopted:—

*Resolved*, That this Society send a delegate to each New England State Society, and also to the New York State Society, at their annual and semi-annual meetings, and report to this Society at its next subsequent meeting.

In accordance with a suggestion by Dr. Stiles, each member was called upon by the President for a statement of the diseases prevalent in his own practice and vicinity. Dr. Snow, the delegate from Rhode Island, was called upon, and made some interesting remarks upon the condition of the Rhode Island Societies, and other matters of like connection.

A great portion of the afternoon was taken up in the discussion, by members, of various diseases which have come to their attention.

The following was adopted:—

*Resolved*, That each member of the Society (in practice) be requested to report a written case treated by himself, at the annual and semi-annual meetings of the Society, said reports to be kept on file by the Secretary, with a view to their publication with the Transactions of the Society.

*Thursday, October 16th.*—The Society met, pursuant to adjournment, the President in the chair. The Committee on Nominations reported the following named gentlemen for officers for the ensuing year, which report was accepted and adopted:—For *President*, J. N. Stiles, M.D., Windsor; *Vice President*, A. S. Houghton, M.D., Pawlet; *Recording Secretary*, Wm. McCollom, M.D., Woodstock; *Corresponding Secretary*, C. B. Chandler, M.D., Montpelier; *Librarian and Treasurer*, Charles Clark, M.D., Montpelier. *Delegates to Castleton Medical College*, J. L. Chandler, M.D., St. Albans, and Cullen Bullard, M.D., New Haven. *Delegates to Burlington Medical College*, A. C. Welch, M.D., Williston, and T. G. Simpson, Vershire. *Committee of Printing*, H. F. Stevens, M.D., St. Albans; C. L. Allen, M.D., Middlebury; J. Perkins, M.D., Castleton. *Executive Committee*, E. N. S. Morgan, M.D., Pownal; W. H. H. Richardson, M.D., Montpelier; J. Crowley, M.D., Mount Holly. *Delegate to the New York Medical Society*, R. C. M. Woodward, M.D., St. Albans. *Delegate to the Rhode Island Medical Society*, Wm. McCollom, M.D., Woodstock. *Delegate to the Connecticut Medical Society*, J. N. Stiles, M.D., Windsor. *Delegate to the Massachusetts Medical Society*, C. M. Rublee, M.D., Montpelier. *Delegate to the Maine Medical Society*, Joseph Perkins, M.D., Castleton. *Delegate to the New Hampshire Medical Society*, E. A. Knight, Springfield.

The following resolution was adopted:—

*Resolved*, That the Vermont Medical Society recommend to the Legislature of said State to authorize the Governor of the State to send to the regiments of Vermont as many of Lambert's new and improved tourniquets as he in his judgment may deem best.

The following resolution was adopted:—

*Resolved*, That this Society recommend to the Governor, that the board of surgeons to examine candidates for regimental and assistant surgeons, be appointed from those of the profession who are not interested directly in our medical schools; and that the Secretary be instructed to transmit a copy of the resolution to the Governor.

*Voted*, That the semi-annual meeting of the Society be holden at Woodstock, at such time, in the month of June next, as the Secretary shall designate.

The annual address by the President was delivered on Wednesday evening, in Representatives' Hall, and was listened to with an attention rarely elicited on similar occasions.

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**SURGEONS FOR THE RHODE ISLAND REGIMENTS.**—The Medical Commissioners for the examination of surgeons and assistant surgeons for the regiments of Rhode Island, meet at the office of Dr. Mauran, in Providence, on Wednesday and Saturday of each week, between 1 and 2, P.M. We understand that there is likely to be a deficiency in the number of applicants from the profession in Rhode Island, and that several from other places would be accepted, after passing the

examination. Notwithstanding the large number of medical men which the exigencies of the times have drawn from civil practice for our own regiments, there are probably still remaining in Massachusetts young men of promise who might advantageously accept the offer here held out to them.

**HEALTH OF THE MASS. FIRST REGIMENT.**—The health of the regiment at the present time is represented to be good, there being only ten patients in the hospital. This healthy state of the regiment is, in a great measure, owing to the good care which is taken of it by the chief surgeon and his able assistants.

**MESSRS. A. WILLIAMS & Co.**, booksellers, of this city, are about issuing a report of the trial of George C. Hersey for the murder, by poisoning, of Betsey Frances Tirrell. It will be comprised in an octavo volume, and will possess peculiar interest to the medical profession on account of strychnine having been used to accomplish the purpose of the murderer, and few reports having been published of trials for poisoning by that agent. In March, 1861, that of Richard S. Richardson and Sarah Ann Healey, in New Hampshire, was published in this JOURNAL, and frequent reference was had to it in the course of Hersey's trial.

**SURGEONS G. DERBY** of the 23d and **G. A. Otis** of the 27th Massachusetts regiments, now doing hospital duty at Newbern, North Carolina, have been severally relieved therefrom, and ordered to join their respective regiments.

Surgeon **Peter Pineo** has been assigned to duty as Medical Director of the 1st Army Corps.

Surgeon **Frank H. Hamilton**, U. S. Vols., recently Medical Director of the Army Corps under General Keyes, has been detailed to take charge of the Central Park Hospital, in New York.

The hospital accommodations at Baltimore and Philadelphia have been directed to be increased 2000 beds each.

A medical officer has been detailed to visit Wilmington, Delaware, to select a suitable building and prepare a hospital in that city.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, OCTOBER 18th, 1862.

##### DEATHS.

	Males.	Females	Total.
Deaths during the week, . . . . .	37	33	70
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	34 5	35 6	70.1
Average corrected to increased population, . . . . .	..	..	77.3
Deaths of persons above 90, . . . . .	..	0	0

##### Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Varicella.	Dysentery.	Typ. Fev.	Diphtheria.
19	4	1	3	4	0	4	1	0

**COMMUNICATIONS.**—Valuable papers have been received, from Dr. W. W. Wellington, of Cambridgeport; Dr. Thomas T. Smiley, at the U. S. General Hospital, Hilton Head, Port Royal, S. C.; and Dr. D. W. Cheever, late of the Judiciary Square Hospital, Washington.

**BOOKS RECEIVED.**—Anatomy of the Arteries of the Human Body, Descriptive and Surgical, with the Descriptive Anatomy of the Heart. By John Hatch Power, M.D., Dublin. American Edition. Lippincott & Co., Philadelphia. (From A. Williams & Co., Boston.)—The Hospital Steward's Manual. By Joseph Janvier Woodward, M.D., Assistant Surgeon, U. S. A. (From A. Williams & Co.)—The Physician's Pocket Memorandum for 1863. By C. H. Cleaveland, M.D., Cincinnati. (From A. Williams & Co.)

**DIED.**—In New York, Oct. 11th, in the 75th year of his age, Dr. John C. Cheesman, for many years a surgeon of the New York Hospital, and a trustee of the College of Physicians and Surgeons.—Killed, at the battle of Antietam, Sept. 17th, Surgeon W. J. H. White, U. S. Army. Dr. W. was appointed Assistant Surgeon in the Army in 1850, and Surgeon in June, 1862.

**DEATHS IN BOSTON** for the week ending Saturday noon, October 18th, 70. Males, 37—Females, 33. Accident, 3—apoplexy, 1—Inflammation of the bowels, 2—disease of the brain, 1—cholera infantum, 4—cholera morbus, 1—consumption, 19—croup, 1—cyanosis, 1—diarrhea, 6—dropsy, 1—dropsy of the brain, 2—dysentery, 4—erysipelas, 1—remittent fever, 1—scarlet fever, 3—typhoid fever, 1—hemorrhage, 1—disease of the liver, 2—congestion of the lungs, 2—Inflammation of the lungs, 4—marasmus, 2—old age, 1—paralysis, 1—purpura, 1—rheumatism, 2—syphilis, 1—unknown, 1. Under 5 years of age, 26—between 5 and 20 years, 6—between 20 and 40 years, 17—between 40 and 60 years, 14—above 60 years, 7. Born in the United States, 40—Ireland, 27—other places, 3.

# PHARMACEUTICAL GRANULES AND DRAGEES

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	U. S. P.		U. S. P.
Aloes and Myrrh,	grs. 4	Magnesia and Rhubarb, each	grs. 1
Compound Cathartic,	3	Quevenne's Iron, reduced by Hyd'n,	1
" "	1½	Cynoglosse,	1
Aloetic,	4	Proto-Iodide of Iron,	1
Assafoetida,	4	Lactate of Iron,	1
Aloes and Assafoetida,	4	Sulphate of Quinine,	1 & 2
Dinner, Lady Webster's,	3	Valerianate of Quinine,	1
Compound Calomel, Plummer's,	3	" of Zinc,	1
" " "	1½	" of Iron,	1
Blue Pills,	3	Citrate of Iron and Quinine,	2
Opium Pills,	1	" of Iron,	2
Calomel Pills,	2	Willow Charcoal,	2
Opium et Acet. Plumb., each	1	Diascordium,	2
Extract of Rhatany,	2	Anderson's Antibilious & Purgative,	2
Compound Rhubarb,	3	Extract of Gentian,	2
Compound Colocynth,	3	Iodide of Potassium,	2
Compound Squills,	4	Calcined Magnesia,	2
Dover Powders,	3	Rhubarb,	2
Carbonate Iron, Vallett's formula.		Ergot Powder, covered with sugar	
Carbonate of Manganese and Iron.		as soon as pulverized,	2
Kermes,	1-5	Phellandria Seed,	2
Santonine,	½	Washed Sulphur,	2
Bi-Carbonate of Soda,	4	S. N. Bismuth,	2
Meglin,	1	Tartrate Potassa and Iron,	2

## GRANULES.

*Of 1-50 of a grain each.*

Aconitine,	Morphine,
Arsenious Acid,	Strychnine,
Atropine,	Valerianate of Atropine,
Digitaline,	Veratrine.

*Of 1-5 of a grain each.*

Tartar Emetic,	Extract of Hyosciamus,
Codeine,	" of Ipecac,
Conicine,	" of Opium,
Extract of Belladonna,	Proto-Iodide of Mercury,

Lupuline,	gr. ½	Extract Rad. Aconite,	gr. ½
Extract Nux Vomica,	½	Emetine,	½
Veratrine,	1-24	Iodide Mercury,	½
Sulphate of Morphine,	1-8	Valerianate Morphine,	1-8
Corrosive Sublimate,	1-12	Acetate Morphine,	1-8
Nitrate of Silver,	½	Digitaline,	1-24
Extract of Hyosciamus,	½	Strychnine,	1-12

Colchicum (each granule equal to two drops of tincture.)

## DRAGEES.

Copaiba, pure solidified,	Cubebs, pure,
Copaiba and Cubebs,	Cubebs and Alum,
Copaiba, Cubebs and Citrate Iron,	Cubebs, Rhatany and Iron.

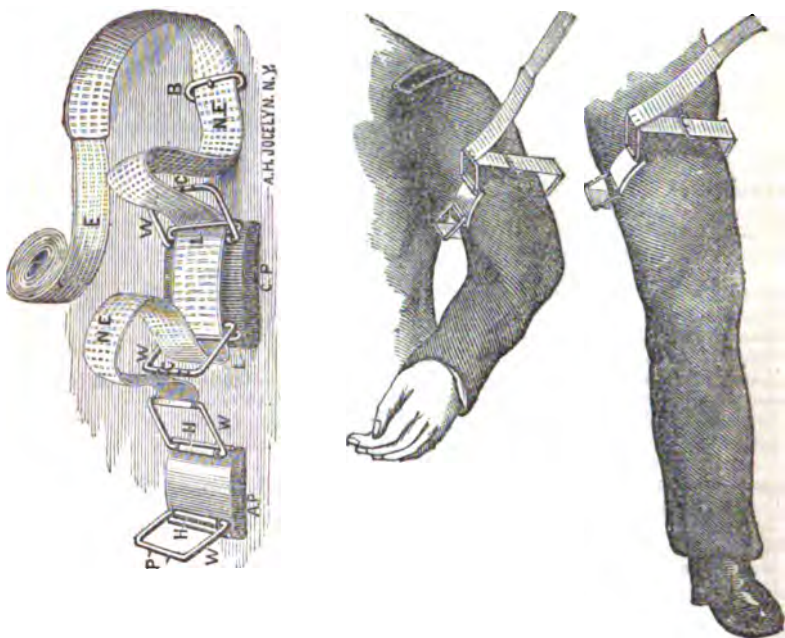
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Sept. 4—1y.

THE

# BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY

SAMUEL L. ABBOT, M.D.

Whole No. 1809.] Thursday, Oct. 30, 1862. [Vol. LXVII. No. 13.

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THE annual course of Medical Lectures of Harvard University will commence at the Massachusetts Medical College, in North Grove st., Boston, on the first Wednesday of November, 1862. The regular course will be as follows:—

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Morbid Anatomy by . . . . .	JOHN B. S. JACKSON, M.D.
Clinical Medicine by . . . . .	HENRY I. BOWDITCH, M.D.
Anatomy and Physiology by . . . . .	OLIVER W. HOLMES, M.D.
Theory and Practice of Medicine by . . . . .	GEORGE C. SHATTUCK, M.D.
Surgery by . . . . .	HENRY J. BIGELOW, M.D.
Chemistry by . . . . .	JOHN BACON, M.D.
Materia Medica by . . . . .	EDWARD H. CLARKE, M.D.

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Aloes and Asafoetida,	4	Sulphate of Quinine,	1 & 2
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Compound Calomel, Plummer's,	3	" of Zinc,	1
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Lupuline,	gr. ½	Extract Rad. Aconite,	gr. ½
Extract Nux Vomica,	½	Emetine,	½
Veratrine,	1-24	Iodide Mercury,	½
Sulphate of Morphine,	1-8	Valerianate Morphine,	1-8
Corrosive Sublimate,	1-12	Acetate Morphine,	1-8
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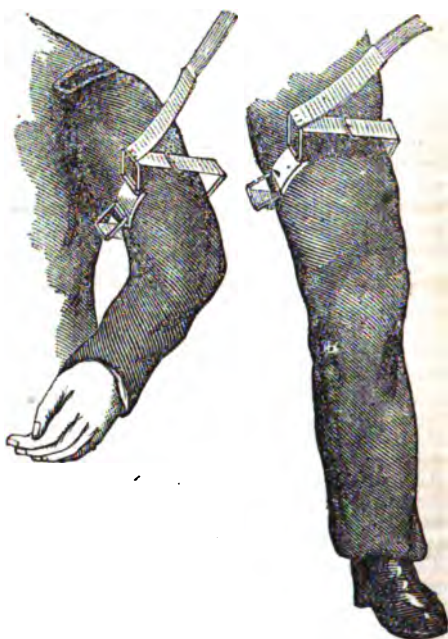
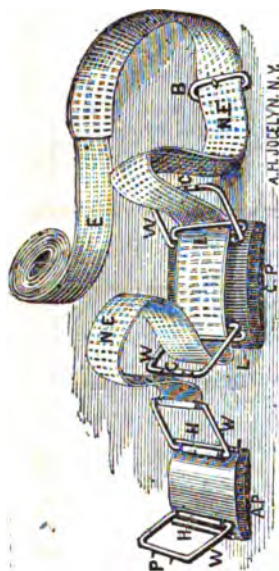
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Sept. 4—1y.



THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXVII.

THURSDAY, OCTOBER 30, 1862.

No. 13.

TWO CASES OF DISEASE OF THE BRAIN.

BY W. W. WELLINGTON, M.D., CAMBRIDGEPORT, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

I.—ABSCESS OF THE CEREBRUM.

A GENTLEMAN, aged 26, a teacher by profession, on the 31st day of March, while engaged in his school duties, was taken with convulsions. During the previous winter months, he had complained of uncomfortable feelings in the head, and particularly of a sense of pressure, as though the brain were too large for the cranium. He had also been subject to what he called "bilious attacks," consisting principally of headache and vomiting, and preceded occasionally by a chill. For three or four years, he had suffered from inflammation, caused by a carious incisor tooth; suppuration frequently occurred, and there was a slight discharge, nearly all the time, through a fistulous passage from the root of the tooth. A noticeable swelling existed on the right side of the upper lip, occasioned by this inflammation. An abscess had recently formed in the usual place, and had been lanced.

On Sunday, March 29th, he was found lying on the floor, insensible. He soon recovered his consciousness, and supposed he had fainted. He remembered lying down on the sofa to take a nap, but had no recollection of anything farther.

On the morning of the 31st instant, while conducting the devotional exercises in his school, he experienced a strange sensation in his head; he was conscious of miscalling words without the ability of correcting himself; he partially lost the control of his hands and arms. He recovered sufficiently to go on with his recitations, until he was seized with convulsions, as already mentioned.

Consciousness soon returned, and he was carried home. During the day, he had two more fits. The convulsive movements began in the little finger of the left hand, then extended to the other fingers,

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then to the arm, and finally to the muscles on the left side of the face. During the four following days, he had slight returns of the spasms, and there was a partial loss of motion of the left arm and left leg—the arm being more affected than the leg. In other respects he was comfortable; his appetite was good, and his mind was clear; he slept quietly, and confidently anticipated being able to go out in a few days.

On Sunday, the 5th of April, without any special premonitory symptoms, he had a severe fit, lasting several hours; the convulsions, as before, being confined to the left hand and arm, and the left side of the face. During this time, he was partially conscious, and seemed to suffer much from the spasmodic action. For several days there was a strong tendency to these convulsive movements, but this was controlled by chloroform. He had some nausea, which was, perhaps, owing to the chloroform. The pupils were not dilated, and there was but slight, if any, paralysis of the face. The tongue, when protruded, inclined to the left side. He shed tears, and seemed deeply affected, frequently and for slight causes; but his mental faculties continued clear, and he slept well.

On Friday, the 10th of April, he had a severe pain in the eyeballs. This passed off in the course of the day, and went to the head. The pain was excruciating, and recurred at intervals until he died, leaving him, for a part of the time, comparatively comfortable. He was comatose a few hours before his death, which occurred on the evening of the 13th of April, fourteen days from the date of the first convulsion.

The marked symptoms in this case were, 1st—convulsions, affecting chiefly the left arm and the left side of the face; 2d—paralysis, impairing the power of motion of the left arm and left leg, principally the former, and causing the tongue, when protruded, to incline to the left side; 3d—severe pain in the head and eyes, occurring at intervals, during the last four days of his illness.

*Autopsy.*—In the middle lobe of the right hemisphere of the brain was a well-defined abscess, about the size of an English walnut, filled with very foetid pus. The upper part of the abscess was near the surface, and it descended into the interior of the brain—not, however, involving the ventricles. The parietes consisted of indurated cerebral substance of a dark color, but the cavity was not lined by a membrane. The brain in the vicinity of the abscess was softened; there was no serous effusion, and no other morbid appearance. The lungs were congested, and, on being cut, presented a very red appearance, owing, perhaps, to the chloroform which had been inhaled.

The treatment consisted of purgatives, leeches and cold applications to the head, counter-irritation to the back of the neck, low diet, and chloroform by inhalation, to control convulsions. On the fourth day, the carious tooth was extracted.

**II.—CYST EMBEDDED IN THE CEREBELLUM, WITH EFFUSION INTO THE LATERAL VENTRICLES.**

The patient was a highly respectable physician of this city; he had been engaged for many years in the duties of his profession, and continued in practice until compelled to retire by the gradual inroads of a serious, and eventually fatal, disease.

It is not easy to say when this disease commenced, so slight and insidious were its first symptoms. Ten years before his death, he had intermittent neuralgia of the right side of the head, followed by deafness of the right ear. He took large doses of quinine for the relief of the neuralgia, and he attributed the loss of hearing to the effects of this medicine. Soon after, a slight loss of power over the muscles of the right leg was noticed; he was apt to trip in walking; his wife noticed, when she was walking on the right of him, that he leaned heavily against her; his friends perceived a failure in his mental faculties; there was a loss of memory; his judgment was not so good as formerly; it was a common remark that he was growing old very fast. Still he did not call himself sick, and kept about his business as usual.

Four years before his death, he began to have violent attacks of headache. These appeared to be of a neuralgic character, were unattended with heat of the head or flushing of the face, and at first occurred in the night, subsiding at daylight. These headaches continued at irregular intervals for two years or more, increasing in severity, and lasting from a few hours to two or three days.

Meanwhile the paralysis of the right side of the body increased. This paralysis was of a peculiar character. It seemed to be chiefly a want of power to harmonize the muscular movements. In a sitting posture the lower extremities could be freely moved; but any attempt at walking was a failure.

By degrees, the eye-sight became affected. At first, there was double vision, then a dimness of sight, and at last total blindness.

The mental faculties became more and more obtuse; he began to lose control over language; he would begin a sentence, but be unable to finish it. At times, he would become rigid, or slightly convulsed, and would lose, for a time, his consciousness. Sometimes he was irritable, but generally he was calm and hopeful.

The digestive organs remained in good condition. The chief trouble was costiveness; it required large doses of powerful cathartics to move the bowels.

His face was drawn, perceptibly, to the left side. His head was drawn to the right side. He had this inclination of the head to the right, more or less, all his life.

His situation during the last year of his life was wretched in the extreme. He had just consciousness enough to answer, by monosyllables, questions that were put to him. He lay in a somnolent, stupid condition, unable to move in bed, eating and drinking only when he was roused enough to open his mouth; this process had to

be repeated at every mouthful. He would apparently have lain and starved without expressing any sense of hunger. The urine and feces passed involuntarily, the latter only after taking three or four drops of croton oil, and then waiting twenty-four hours. His pulse was feeble, varying in frequency from sixty to eighty beats in a minute. He was emaciated to the last degree, and had troublesome ulcerations over the lower part of the spine, and also on the glans penis. His eyes were insensible to light, but there was no marked dilatation or contraction of the pupils. The right eye, at times, was considerably inflamed. He seemed to have lost the sense of taste, and it made but little difference to him what was given him to eat or drink. He was a complete wreck of a man, bodily and mentally. He died easily, after lying insensible a few hours, at the age of 57.

*Autopsy*, made by Dr. Ellis. The lateral ventricles contained six ounces of clear serum; the septum lucidum was remarkably transparent.

Projecting somewhat from the base of the cerebellum, on the right side, was a yellowish "capsule," with some transparent cyst-like portions. This was two inches or more in diameter, and formed the lower wall of a large cyst, embedded from one half to three quarters of an inch in the substance of the cerebellum. It contained a brownish, gelatinous substance. The pons Varolii was atrophied, as from pressure by the morbid growth. The medulla oblongata below had also an atrophied look. The optic nerves appeared smaller than usual.

Some old tubercular disease was found at the apex of each lung. The other organs were healthy.

This case seems to confirm the opinion which attributes to the cerebellum "the power of associating or co-ordinating the different voluntary movements." The disease doubtless began in the cerebellum; the effusion into the ventricles occurring at a later period.

It is noticeable that the disease of the cerebellum, and the paralysis, were both on the same side.

## CASES IN THE JUDICIARY SQUARE HOSPITAL, WASHINGTON,

UNDER THE CARE OF DAVID W. CHEEVER, M.D., OF BOSTON.

[Read before the Boston Society for Medical Observation, October 20th, 1862, and communicated for the Boston Medical and Surgical Journal.]

CASE I.—M. Spacht, 52d Penn., was wounded at the battle of Fair Oaks, May 31st, 1862. The ball entered from behind the mastoid process of the left temporal bone, passing inside the ramus of the lower jaw, though apparently injuring the articulation, and made its exit through the superior maxillary bone, just beneath the outer corner of the left eye. June 10th, ten days after the injury, he first came under my care. There was inability to open the mouth, except to

admit liquids; but no facial paralysis. There was scarcely any supuration from the wound, but repeated small hæmorrhages, for some days past. His aspect was rather anæmic. He complained of nothing; was fed with broth and milk, and the wound dressed with a solution of persulphate of iron.

In the evening of June 13th, quite free bleeding came on, which was checked by pressure and styptics. The following morning hæmorrhage recurred profusely, pouring out from both the anterior and posterior wounds, displacing the tampons, and rendering the employment of some other means imperative. The *left* common carotid was tied, above the omo-hyoid. In the course of the day, bleeding to the extent of one or two ounces recurred from the gun-shot wound. Afterwards all hæmorrhage ceased; excepting that during the following week there were several small bleedings from the incision made to reach the artery, though not from the main vessel itself. The wound in the head remained rather dry, not suppurating freely. The aspect of the patient was chlorotic and feeble. He was treated with tonics, egg-nogg and beef-tea.

June 18th, or four days after the operation, he was found considerably paralyzed on the *right* side. The right leg nearly powerless—the right arm less so; articulation difficult; febrile, and low.

19th.—Urine involuntary; chills.

21st.—Slight bleeding from incision; paralysis constant, but not complete; aspect very chlorotic.

22d.—Slight hæmorrhage again.

23d.—Failing.

24th.—Died; three weeks after the injury, and eleven days after the ligature. The artery was found to be perfectly plugged with a white, fibrinous clot. It is probable that the patient had lost a very considerable amount of blood before he came under my notice, as evinced by his appearance; and it would seem to be questionable whether the paralysis which supervened on ligature of the carotid was not, in this case, partly owing to the anæmic condition of the brain, rendering it less able to bear the cutting off of one of its main sources of supply.

The bleeding from the gun-shot wound was probably from the internal maxillary artery, or one of its larger branches. It may be asked, then, why the external carotid was not tied in preference to the common, since the internal maxillary is one of the terminal branches of the external carotid. For two reasons. Because it was thought it would be a little more difficult to reach safely and quickly on account of its numerous branches—and the operation had to be done promptly; and also because it was feared that hæmorrhage might return from recurrent branches, as indeed it did, to a slight degree, even after the ligature of the common carotid.

CASE II.—J. Campbell, 62d Penn., wounded before Richmond, July 1st, 1862. Entered the hospital, under my care, about one week after the battle. Ball entered at the outer condyle of the

right humerus, and passing inwards, made its exit on the inner side of the arm, near the bend of the elbow, in front. Shattered bone can be felt with a probe, yet the arm admits of very considerable motion, of flexion and extension, without severe pain or crepitus. In a day or two the slough began to separate, and suppuration to be established, with considerable constitutional disturbance. July 13th.—The joint and neighboring parts extensively swollen, red, tender and severely painful. Both wounds suppurating. The wound was explored under ether. The outer condyle and the head of the radius were found to be shattered, and the finger could be passed through the wound of exit, in front of the coronoid process of the ulna. Apparently the ginglymoid portion of the joint was untouched. It was noticed that no pulse could be felt in the radial artery at the wrist; yet, although a fortnight after the injury, the appearance, motion, sensation and temperature of the hand were as good as the other. If, then, the brachial artery had been cut off or plugged, it seemed probable that a sufficient collateral circulation had become established. It must be remarked, also, that the radial pulse of the other wrist was deep seated, and difficult to be felt, probably owing to some peculiarity of the artery, for the patient was robust and rosy, and bore no signs of loss of blood or debility. Since the suffering and general disturbance were very great, it was evident that something must be done to relieve the parts of the shattered bone, which nature could not promptly throw off. It certainly seemed too soon to resort to amputation; and as the articular surface of the elbow-joint was opened into by the injury of the external condyle and the head of the radius, the mischief was sure to extend into the rest of the articulation, if only the broken fragments were removed. Excision of the whole joint seemed therefore to promise most hopes of success, and it was done, on the following day, July 14th. The operation was done with an H-shaped incision. The articulation of the ulna with the humerus was found unbroken, but pus had already burrowed beneath the triceps, and denuded the humerus above the condyles. The injury to the radius, also, consisted not only in a shattering of the head, but a split extended down about an inch farther. The whole articular surface was removed. The humerus sawn half an inch above the condyles; the ulna, just below the sigmoid notch, and the radius, was necessarily removed below the tubercle of the biceps. The operation was well borne, and there was but little hæmorrhage. Sutures and adhesive straps were applied, save at the lower corner of the wound, which was left open for drainage, and the arm adjusted on an inside felt splint. Four grains of opium were given in the night.

July 15th and 16th, there was considerable swelling, but little pain.

17th.—Considerable discharge of dark, sanious pus. Constitutional state good.

19th.—Healthy suppuration was established.

20th.—The edges of the wound had separated and were being

absorbed, while profuse, florid granulations were appearing in great abundance. As they seemed disposed to bleed, they were dressed with a diluted tincture of myrrh.

Everything seemed to be going on finely, the hand and fore-arm appearing well. But on July 21st, one week after the excision, and three weeks after the injury, I was called to find him with a profuse secondary hæmorrhage issuing from the wound of exit, near the bend of the elbow, and coming, by its size and direction, from the wounded brachial artery. A tourniquet was applied. The amount of blood lost was very considerable; the patient considerably reduced. The pressure of the tourniquet produced great congestion and oozing from the granulations of the excision; and denuded bone could be felt above the end of the humerus. Under these circumstances there seemed to be but little chance of recuperative power enough being reserved to make a false joint at the elbow, and it appeared to the gentlemen with me and myself, that early amputation was the only resource. The patient was stimulated, and the arm amputated midway between the elbow and the shoulder. The pulse was very small during the operation, and but little ether could be borne. Stimulants were used very freely, and by evening he rallied. He recovered perfectly, with a good stump, in the ordinary time.

CASE III.—C. Lawrence, 55th New York, wounded at battle of Malvern Hills, July 1st, 1862. Was struck by a ball, or a piece of shell, on the right side of the frontal bone, vertically over the right eye, and about an inch above the superciliary ridge. Now, July 10th, a ragged wound of the integuments, about one inch in extent, reveals portions of the frontal bone, visibly depressed, while the pulsation of the brain can be seen in the fissures of the fracture. No signs of compression. No paralysis. No fever. Pupils natural. Tongue, pulse and bowels well. Aspect fair. Right eye injected. Complaints of nausea and constant headache. Although the prognosis of this case must depend much upon the nature of the missile, whether a ball which penetrated the brain, or a piece of shell which glanced off, and although the symptoms were not urgent, yet it seemed proper to remedy the very marked depression, under the fear that the spiculæ of the inner table might gradually irritate the dura mater into something worse than headache and nausea.

July 11th.—He was trephined, and two fragments, half an inch in diameter, and some splinters of depressed bone, removed. The dura mater had a thin clot of blood over part of its visible surface, and at one point a seeming depression, which it was feared might be the wound of a ball, although there was no appearance of wounded cerebral substance, or of pus. No farther exploration was made. The edges of the wound were brought partially together, cold water was applied, and a low diet ordered. There was much pain in the afternoon. Ice was applied.

July 12th.—Pain gone; feels comfortable.

13th.—Laudable pus in moderate amount. Edges of wound look well. No pain. No nausea. No fever.

15th.—Granulations begin to cover over dura mater. Less discharge. Complains of pain only when he moves the head suddenly.

He continued to improve, the wound slowly gaining. At the end of two and a half months from the injury the hole had nearly closed. Treatment consisted in cold applications, quiet, and a strictly vegetable diet.

CASE IV.—J. Jasper, 5th Mich., wounded at Fair Oaks, May 31. Admitted June 10th. Ball entered left arm, midway between elbow and shoulder, on outer edge of *biceps*, and passed inwards. No wound of exit. No ball can be felt by the tract of the wound, which is not very deep; nor are any evidences of it to be seen on inside of arm. Apparently a flesh wound, beginning to suppurate, and doing well. Patient is robust and comfortable. Wound being a little inflamed, it was poulticed.

June 11th.—Chills.

12th.—Arm much inflamed; phlegmonous redness, and hard swelling. Some fever. Low diet, and salts.

13th.—Much worse. Severe constitutional disturbance. Great pain. Fever, sweat and distress. Pulse small and rapid. Arm largely swollen, and of a brawny hardness, indurated from axilla to elbow. Several small black blebs near the edges of wound, slightly raised above skin, and containing a thin fluid. Ordered a lotion of lead and opium. Opium, quinine and brandy internally.

14th.—Worse.

15th.—Gangrene extending. Constitutional disturbance very great. To continue food and stimulants, and apply a yeast poultice.

16th.—No better. Gangrene extended two thirds around arm; line of demarcation beginning above. Add egg-nogg to treatment.

17th.—Tongue brown. Pulse small and frequent. Irritative fever severe. Gangrene extending around under side of arm. Increase stimuli.

18th.—The arm girdled by gangrene, and a line of demarcation set up in most of this extent. Disease extending below, towards forearm, which, with hand, is intensely inflamed. Constitutionally somewhat better.

The gangrene being limited above, and keeping up an exhaustive irritation below, and the general disturbance being less, it seemed that the moment for action had arrived. Amputation was the only resource; and that was felt to be doubtful, since the disease had extended so high as to preclude any other operation than a disarticulation. The patient was stimulated, etherized, and the arm removed at the shoulder-joint by a deltoid flap. Enough sound tissue was got to cover fairly, and that was all. No very large amount of blood was lost. Patient bore the operation well, and before being removed to bed, was given three grains of opium. A water-dressing



was applied, and stimulants, opiates and food given, as often as they could be borne.

June 19th.—Aspect tolerable. Feels more comfortable since the operation than before. Pulse very feeble. Stump looks well. Continue stimulants, &c.

20th.—Stump continues to look well. Thin and serous discharge. No hæmorrhage. Constitutionally failing. Nausea and diarrhœa.

21st.—Stump the same. Otherwise worse. Pulse very feeble. Hiccough. Delirium. Died at 6, P.M., three days after the operation, and three weeks after the injury. There was no extension of gangrene, and the patient died of *shock*.

It may be fairly questioned whether very free incisions should not have been made when the phlegmonous inflammation came on. One patient, in another ward, had apparently been treated so in a different hospital, but he had saved his limb, at the expense of a tibia denuded over eight inches, forming a large exfoliation, with subsequent slow granulation, which was far from covered when I last saw him. The case narrated does not seem wholly like hospital gangrene. The ward contained 40 cases of wounds, and it did not extend. Only one other instance of gangrene occurred in 400 cases, in two months.

CASE V.—G. Cook, 63d Penn., wounded at Fair Oaks, May 31st. Ball entered just above right elbow, shattering humerus, and made its exit transversely on the inner side of the arm; by the size of the wound of exit, probably a Minié ball. Patient had refused to submit to amputation, which was advised, on the field. Subsequently, strenuous efforts had been made to save the arm. About three weeks and a half after the injury he came under my care. He was then suppurating enormously, but the pus was laudable. There were large masses of fungous granulations in both wounds. The arm was helpless, and no attempt at union seemed to have taken place. A number of large and small splinters had been removed, and spontaneously discharged. The patient was young and robust, but the general health was just beginning to suffer from hectic. The arm was not inflamed.

June 25th.—An exploration was made, under chloroform. The humerus was found to be badly fractured, with many spiculæ, and was besides split upwards fully three inches, so that the finger lay in the medullary cavity, and the two fragments pointed inwards and outwards, with sharp, jagged ends. These pieces were firm and immovable. Below, the fracture was sharp, the condyles roughened as by caries, and the inner one broken off; and, as afterwards appeared, the fracture extended into the elbow-joint.

As there was no prospect of reparation, and an excision must include all the parts from the upper third of the arm to the tubercle of the radius, it was decided, after a consultation, to amputate. The arm was removed, by the circular operation, about three inches below the shoulder, on June 28th.

June 29th.—Doing well.

30th.—Very comfortable. No hæmorrhage.

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July 1st.—Slight chills, otherwise well. Ordered quinine.

2d.—Chills quite bad, three times to-day. Nausea and vomiting. Sweats. Aspect bad, but stump looks well. Beef-tea and stimulants moderately. R. Calomel, gr. ss., et opium, gr. ss., every hour until easy, and vomiting relieved.

3d.—Looks badly. Complexion a little jaundiced. Occasional chills. Tongue brown and dry. Skin moist. Pulse small. Respiration hurried. Stump continues to look well. Stimulants.

4th.—Increase of all bad symptoms. Quite yellow. Respiration impeded. Sinking. At 11, A.M., copious, but not very rapid hæmorrhage from stump. Died in an hour.

It is to be remarked that in malarious regions, and in this hospital, where fever and ague is of daily occurrence, it is difficult to distinguish, in the beginning, between the chills of intermittent and those of suppuration. This death was ascribed to pyæmia. The following is more marked in some respects.

CASE VI.—J. English, 52d Penn., wounded at Fair Oaks, May 31st. Ball entered upper third of left thigh, near outer edge of rectus; ball still in.

June 10th.—Wound probed, but no ball could be found. Pretty comfortable. Water-dressing.

11th and 12th.—Pain and fever. Poultices, purgative, low diet, opium.

13th.—Wound suppurating. Feels better.

14th.—The same.

15th.—Much distress. Febrile. Thigh painful and very tender; not swollen or inflamed. No chills or sweats. Great jactitation. A little jaundiced. Drowsy. Ordered compound cathartic pill.

16th.—Thigh easier. Jaundice increased. Aspect much distressed. Pulse small and frequent. Wound the same.

17th.—Intense jaundice. Dyspnœa. Looks moribund. Wound unchanged. Died at 10, P.M.

At the autopsy it was found that the ball passed down below the ramus of the ischium, laying bare, but not fracturing the bone, and was lost in the soft parts. There was considerable disorganization, but no pus. The liver was intensely congested, but presented no other change. The gall-bladder and ducts were normal. Nothing else abnormal was found in the abdominal or thoracic cavities. No dépôts of pus. The head and the muscular structures were not examined. There was no swelling of the limb, like phlebitis, during the sickness, nor any marked difficulty of micturition. The bowels were sluggish, and attempts were made to move them and arouse the liver by mercurials and saline cathartics.

If this case was pyæmia, it was without marked chills or sweats. Such a form of pyæmia is described as coming on insidiously, accompanied by jaundice. This seems the more probable explanation, from several other cases of death of a low, asthenic form, with jaundice, occurring in the hospital, but not under my immediate care.

These cases were, some of them, complicated with secondary hæmorrhage, more or less grave.

CASE VII.—J. McLaughlin, 1st Penn. On June 11th he was brought into my ward. He was deaf, stupid, with difficulty comprehending or answering questions, febrile, bleeding from the nose and throat, and with bloody stools. No history of the case. He was first given stimulants.

June 12th.—Bleeding continues; body and extremities sprinkled with blue, extravasated spots, like huckleberries. Ordered beef-tea, lemons, and Tr. ferri muriat., ʒ ss. every four hours.

June 13th.—Worse. Bleeding from ears. Spots of extravasation copious and increasing. The abdomen so closely covered that they resemble deep-blue striæ, in semi-parallel lines. Nose, mouth and tongue constantly bloody. A little diarrhœa, tinged always with blood. Pulse small, frequent and irritable. Very stupid and deaf. Aspect bad. No pain. No soreness. No complaint of anything. Continue good diet. Three to four lemons daily. Iron, ʒ ss., *every hour*.

June 14th.—A little better. Less bleeding. More sensible. Pulse 88. In the afternoon, copious hæmatemesis.

June 15th.—Looks very badly. Dull, deaf, and in a wandering delirium. No more bleeding. Continue iron, and add wine.

June 16th.—The same. Is so tired and disgusted with the Tr. ferri muriat., that the following is substituted. R. Ferri sulphat., ʒ iss.; acid sulphuric aromat., ʒ i.; aquæ, ʒ ii. M. Tea-spoonful every hour—equal to four grains of ferri sulph. The lemons were omitted, and the wine changed to egg nogg.

17th and 18th.—A little better.

19th.—Still better; medicine every two hours.

21st and 22d.—Improving. No bleeding for several days. Purpuric spots brighter, and less livid. More intelligent. Less deaf. Aspect better. Continue iron every two hours.

24th.—Much improved. Spots fading. Medicine every four hours.

July 1st.—Everyway much better. Spots about gone. Iron, three times a day.

27th.—Walking about, convalescent.

It is not, perhaps, probable that the immense quantities of iron (amounting to ʒ iss. of the tinct. ferri muriatis, or over ʒ iv. of the sulphate of iron, in twenty-four hours), given in this case, were all absorbed. They produced no effect, save that improvement steadily followed their administration. No irritation of pulse, head, stomach or bowels, followed these doses. When first seen, the case seemed pretty desperate, and the remedy was given in unusual amount, from a hope that it might benefit, and could do no harm. This was considered as a case of purpura hæmorrhagica, complicated, or not, with fever; and it is introduced here, among surgical cases, as typical of a certain hæmorrhagic tendency which seemed

to prevail in very many of the cases under my observation. A poor, thin, and probably scorbutic state of the blood was noticeable in the majority of wounded men. The aspect of some was chlorotic. Robust health, suddenly stricken down by a wound, was an exceptional appearance. A lingering form of sub-acute rheumatism was very common. Diarrhœa, or a tendency to it, easily induced by fresh meat and broths, was also prevalent. Suppuration was tardy and not vigorous. There was no strong reaction after injury. A full, bounding pulse was a rare complication. The aspect was that of fatigue. The spirits were cheerful, but that was partly owing to the unusual comforts of a hospital—a bed, clean linen, quiet, and regular food. Convalescence was slow and lingering—the patient not regaining a rosy color, or the look of firm health, as often here, as I have seen in northern and sea-side hospitals.

Secondary hæmorrhage was pretty frequent, and sometimes fatal. It rarely failed to recur, and carry off the patient, where it had been checked. All the cases of ligature of a great vessel to check hæmorrhage, died; of these, there were two of the subclavian, one carotid, and one axillary. Three out of the four showed a tendency to bleed from other parts than the original wound—as from small vessels, and, in one instance, from the bowels.

The tendency of the wounded to jaundice, and an obscure form of pyæmia, has been already spoken of. It was so frequent as to be very marked and noticeable. All the patients were liable to intermittent, and a considerable number suffered from it while in the hospital. This, of course, variously complicated their previous state. One case of bilious remittent occurred in a patient who had been in the hospital a month. He was wounded in the foot, and I had removed portions of the third, fourth and fifth metatarsal bones, three weeks after the injury, and he was going on well, when seized with the fever, which speedily proved fatal. Yet, with the exception of the tendency to diseases of a malarious origin, there was no epidemic in the Judiciary Hospital. There was no tetanus, and the pyæmia was sporadic. The gangrene did not extend, and there were very few cases of erysipelas. The number of patients averaged five hundred.

The construction of the hospital was good. It was of wood—one story high, and built in ten pavilions. The pavilions had an upper and a lower row of windows all round, opening into the ward: and thus a very admirable top-ventilation was secured. There was no ceiling, and each pavilion held from thirty to forty beds. As far as any hospital smell was concerned, the air of these wards was the purest of any I ever visited. The nursing was pretty good; the food, abundant in amount, and of excellent quality. The kitchen and the cooking were the weak spots of the establishment, and unavoidably so. Yet the sick did not want for luxuries; and by the commutation of their rations, a hospital fund, sometimes of one thousand dollars a month, was expended in extras for their comfort.

Five hundred loaves of soft bread, thirty dozen of eggs, a keg of butter, and many gallons of milk, were daily consumed. Government furnished medicines and stimulants without stint; and the Sanitary Commission made up many lesser deficiencies.

Obviously, therefore, the bad sanitary state of the patients, their tendency to various morbid complications, indicating debility and impure and feeble blood, could not depend on the surroundings of their hospital life. The cause is to be found in their mode of living and enduring in camp, and on the march. All the cases here alluded to came from the Peninsula, after the siege of Yorktown, and the sojourn in the pestilent swamps of the Chicahominy. Climate, fatigue, exposure, want of sleep, and, above all, too little and poorly prepared food, and food of a bad quality, with no margin of extras to revive the appetite or enrich the blood—all this supervening on habits of ease and plenty, and continuing to act on yielding constitutions for months, had gradually undermined the strength, and led to that state of prostration described above. Such a condition of things is perhaps inseparable from war. Those interested may find descriptions of an exactly similar state of health, and its constitutional sequences under injury and wounds, in Hennen and Guthrie, and in McLeod's details of the hardships of the Crimean campaign. All military writers are unanimous in like descriptions. It is not surprising, among such cases, that the mortality should be large. The operations done at this hospital were necessarily all secondary; of these, about 50 per cent. died. All the cases of excision of joints, which fell under my observation, were fatal. Excisions of ends of bones, not involving an articulation, were more successful.

Although it is often said that limbs are needlessly sacrificed to the knife on the field, it has seemed to me that there was another large class of cases where life was ultimately lost through too great conservatism. When we consider the many perils to which the long recovery from a shattered limb, or an excision, exposes the private soldier, of bad transportation, hospital diseases and malaria—when he cannot be sent home—and all these supervening on a feeble state of the blood, such as has been described, we may well hesitate to submit him to such risks, which an amputation will, to a considerable extent, do away with.

There are only two other points which demand a brief allusion. Mercury seems to exercise a very good effect on some ill-conditioned wounds in this latitude, and also to be required in those cases tending to congestion of the portal circle and jaundice, which were frequent in this hospital; and, in short, to be really more useful and more needed than we think it in Boston.

Chloroform and ether were both furnished by government, and were used indiscriminately. In some fifteen or twenty cases of the administration of chloroform, not the slightest ill effects resulted.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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BOSTON: THURSDAY, OCTOBER 30, 1862.

INSPECTION OF THE U. S. MILITARY HOSPITALS BY THE SANITARY COMMISSION.—This inspection, by a body of physicians and surgeons from civil life, to be kept up, week after week, until May next, meets with general approval in the community. No measure could have been advised better calculated to quiet the public mind on the all-important subject of the care of those dear to them, whose patriotism has made them the victims of the casualties or the diseases which this wretched war has brought upon them. There have been so many stories of mismanagement, neglect and cruelty in the newspapers, that it was high time these evils were corrected, if they really existed, or that the popular mind should be authoritatively disabused of false impressions which were causing an untold amount of wretchedness to sympathizing hearts at home. We have been strongly inclined to the opinion that much has been said in newspaper articles on this subject, which, sifted down, would prove to be the grossest exaggeration. The proposed inspection will clear up all uncertainty about it. And we hail as strong presumptive evidence that there has been a great over-statement, to say the least, of any defects of hospital administration, the fact, which we learn on the best authority, that the gentlemen in charge of government hospitals receive with the most cordial courtesy the visitors of the Commission, showing the greatest alacrity to facilitate their examination, and manifesting a desire in every way to carry out the plan proposed. This is a good augury that such evils as may exist are not at any rate those of wilful neglect and cruelty.

The inspectors, in making their visits, are furnished by the Surgeon-General of the United States Army with a document enjoining upon all medical officers to give them free admission into all hospitals, and to render them every practicable facility and assistance in the pursuit of their investigations. That the examination they are expected to make is of the most thorough and searching character, may be learned from the details in the following extract from the paper which will be placed in the hands of each inspector on commencing his tour of duty, which has been kindly furnished us by Dr. Clark, Inspector-in-Chief.

In the performance of your duty it is the desire of the Commission that you should cause as little inconvenience as possible to the medical officers of the hospitals you may visit, extending to them the deference and courtesy proper to their responsible positions; and the Commission is confident that, as members of the same profession, with the same high objects in view, you will be welcomed by them with equal courtesy, and every facility afforded you of obtaining the information you seek. It is proper to state to you that your visit is made by invitation of the proper authorities, and at the express desire of the Surgeon-General of the Army, to whom a digest of your report will be presented. If you should encounter any serious obstruction in the performance of your duty, please report the facts fully and promptly to Mr. Olmsted, at Washington, and proceed without delay to the next hospital in your circuit.

It is desired that your report should embrace your observations on the points, and answers to the questions which follow—stated under the same heads, and, as nearly as possible, in the same order:—

Locality of the hospital; character of its site in regard to healthfulness; cha-

acter of soil; prevailing winds; proximity of other buildings—of railroads—of navigable river; elevation; style of building.

Surgeon in charge; name; rank.

Number of assistant medical officers; if employed by contract by Government; if so, if subjected to examination before employment, and by whom.

Number of hospital stewards, ward-masters, male and female nurses; estimate of character and efficiency.

Number of patients in hospital; examine "Morning Report," and judge if books are carefully and accurately kept.

General character and degree of gravity of cases before treatment; proportion of medical and surgical cases; proportion of convalescents; are they promptly returned to duty, or discharged the service?

Estimate the degree of medical and surgical skill of medical officers, and the humanity and kindness evinced by them, and also by the nurses.

At what hours are the regular visits made to the sick, and by what officers of the hospital?

How often does the surgeon in charge visit the wards?

Rate of mortality; success of surgical operations; is there a dead-house? Are *post-mortem* examinations practised? Are pathological specimens preserved? Are burials conducted with propriety? Are means taken to mark graves, so that they can be recognized by friends? Are chaplains, or proper religious advisers, at all times accessible to the sick?

Diet: is it sufficient in quantity, and good in quality? suited to conditions of patients? well cooked? served warm? sufficiently varied? Are the coffee and tea good? How often do the patients get fresh beef? Is the beef-tea properly made and freely provided?

Is the hospital fund sufficient to secure an ample supply of milk, butter, eggs, chickens, ale, porter, and other delicacies and necessities for the sick not included in the supply tables of the commissary and hospital departments?

[Government regulations allow the very ample ration issued by the commissary department to be drawn at its commuted value in money, by the surgeon in charge of a hospital, for the sick soldiers under his care, and this constitutes the hospital fund, with which all extra necessities for the sick are to be purchased under his direction. The amount of this fund, with proper management, is amply sufficient for the purpose for which it is designed. See Revised Army Regulations for Medical Department.]

Is the hospital fund allowed to accumulate while the sick are in want of anything?

Are the stimulants employed of good quality and judiciously administered?

Police: Is strict cleanliness observed in the wards—in their floors; in bedsteads and bedding; in clothing, in vessels used for food; spittoons; bed-pans; sinks, and water-closets? In the kitchen and cooking utensils? In the apothecary shop?

Are the knapsacks and property of the soldiers properly cared for by the ward-masters?

Is the water supply ample? for washing, bathing, water-closets, and in case of fire? Is its quality good?

Are the provisions against fire complete? Are there fire-escapes by means of windows in each ward cut down to the floor, or other sufficient means of egress?

[Many hospitals, being frame buildings, are particularly liable to the danger of fire, and the helplessness of the sick renders it especially necessary that ample provision should be made in every possible way, by fire engines, drilling the attendants, supply of buckets, care in use of lights and fires, ether, alcohol, camphene, kerosene, &c. &c., to secure their safety.]

What means are employed for lighting and heating the wards?

Is the drainage completely provided for? Where tents are occupied by the sick, are they provided with floors with a free circulation of air beneath them, and with provision against collection of rubbish? Are they secure against rain, and are trenches dug when necessary to carry it off?

Are the grounds around the hospital buildings and tents kept clean?

Is the supply of fresh air ample, with all possible provision for ventilation?

What is the average air-space allowed for each patient?

[This includes the all-important question of crowding the sick—a most common and fatal error. It is well to bear in mind that every sick man has a right to 1200 cubic feet of air as a minimum estimate. By multiplying the length, breadth and height of each ward, and dividing by the number of beds it contains, the answer to the question is obtained.]

Have continued fever or dysentery assumed a contagious character?

Have erysipelas, hospital gangrene, or pyæmia prevailed?

In such event, have the patients been promptly scattered?

Are deodorizing agents judiciously employed?

[In the absence of chlorides of lime and soda, and the more common disinfectants, gypsum or plaster of Paris, sulphate of iron and coal-tar answer this purpose admirably.]

Are screens provided for isolating dying patients?

Is the supply of laundresses and means of washing clothing and bedding sufficient?

Is there a sufficient supply of mattresses, bed-sacks, straw, blankets, sheets, and mosquito-bars?

Is the straw used for bedding changed and burned at proper intervals?

Is there a sufficient provision of clothing, shirts, drawers, socks and slippers for the patients?

[By recent law of Congress, enforced by the Secretary of War upon the Quartermaster's Department, soldiers who have lost their clothing through the casualties of war, are entitled to an additional issue, without deduction from their pay. By another appropriation by Congress, provision has been made for obtaining, through the medical purveyors, clothing for the sick in hospitals. When from unavoidable deficiency said clothing for the sick cannot be obtained through the proper channels, the Sanitary Commission will afford the necessary supply.]

Are invalided soldiers, discharged on certificates of disability, supplied with full information as to their rights under the pension law? and of the provision made by Government for furnishing those who are mutilated with artificial limbs?

Are patients kept closely cropped, and proper precautions taken against vermin?

Is there any lack of reading matter for convalescents? of games? of tobacco?

In addition to the foregoing, you are invited to furnish any further suggestions or details you may deem worthy of record.

In any case of doubt as to the nature of your duty, you will please apply to the General Secretary, at the Central Office, Washington, D. C.

It is desirable that you should render yourself familiar with the Revised Army Regulations, as far as they concern the Medical Department, and also with all circulars and orders emanating from the Surgeon-General's office.

By order of the Executive Committee,

W. H. VAN BUREN, M.D.

C. R. AGNEW, M.D.

WOLCOTT GIBBS, M.D.

**EXAMINATION OF RECRUITS.**—The importance of a rigid examination of recruits cannot be too much enforced. It has been often insisted on by military and medical authorities, since the commencement of the rebellion, but the lesson needs to be inculcated over and over again, to make the impression it should on those to whom the responsible duty of examination is confided. Without doubt, this has been much more thorough of late, in raising the troops of the new levy, than heretofore, but still there is room for improvement. The large bounties offered are a strong temptation to men with some physical infirmity to conceal it for the purpose of securing the prize. It matters little to such a man whether the regimental surgeon subsequently discovers the defect, and dismisses him from the service; this is just what he wants, in most instances, and gives him the opportunity for getting another bounty somewhere else. In fact, there is, undoubtedly, a set of sharpers, who are making goodly sums by this game, and it is im-



portant examining surgeons should be on the look-out for them ; the examination cannot be too rigid and careful. Instances of carelessness or unfaithfulness in the performance of this duty should deprive the examiner at once of his office, for it seems too much like collusion between the parties to be tolerated for a moment. Nor is this a merely hypothetical case. Two instances have lately come under our observation, where men were passed as sound by an examining surgeon, and permitted to enlist, when they had been repeatedly rejected by other more exact or scrupulous examiners. In one of these cases the man had but one eye, the other being hopelessly blind from closure of the pupil with adhesion to the cornea and large opacity of the latter. This man was at once rejected by the examining surgeon to whom he applied, although a strong pressure was brought to bear upon him by a circle of friends who proposed to enlist with him, and whose enlistment was conditional upon his. Finding his efforts ineffectual, he departed to try some other examiner. The second instance was of a man who had the most defective set of teeth conceivable in a person of middle age. His mouth was shaded by a heavy beard which concealed the ruin within. Of his upper incisors, all that remained was the left perpendicular half of one of them, the rest being broken off even with the gum. Four discolored and fragmentary stumps, irregularly distributed, were all that remained in the upper jaw ; and half a dozen below, in as bad a condition as possible, and distributed as unevenly as those in the upper jaw, made up the sum of the masticatory apparatus of this individual, whose army fare would be hard tack and tough corned beef. Of course it was out of the question to pass such a man, and he submitted to his fate without a murmur, admitting that this was not the first rebuff of the kind that he had met with. The conclusion of the history is, that both of these men were in the ranks of the company which they originally attempted to enter, when it left the city, having passed successfully an examination by another surgeon. Each of them probably received his bounty of two hundred dollars ; and one of the first acts of the regimental surgeon, when he shall have been appointed, will undoubtedly be to discharge them both as unfit. The bounty will comfort them in their disappointment, and they will be free to try the same game again, elsewhere. Such facts need no comment. Again we say examiners should be unscrupulously rigid : in no other way can such frauds be prevented.

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THE MEDICAL AND SURGICAL REPORTER.—We miss, of late, the former regular visits of our Philadelphia contemporary. The numbers at times come to hand more than a month behind their date, and we find several numbers wanting to complete the series up to the date of the last one received. The diminution in the number of subscribers, which publishers of medical journals have experienced, more perhaps than those of any other periodicals, in consequence of the war, is given as an excuse for this irregularity on the part of the *Reporter*, and is also the cause, doubtless, of a reduction in the number of pages in its weekly issues. We of the medical press are indeed severely tried by the condition of the country, and nothing but prompt remittances on the part of subscribers allows any medical periodical to be published without other support than its own income.

VOL. LXVII.—No. 13B

THREE cases of acute pulmonary disease in children, treated by Dr. HANDFIELD JONES with tincture of veratrum viride, are reported in the London *Lancet*. Dr. Jones made the following clinical remarks:—

“The foregoing cases certainly corroborate the very favorable testimony of our American brethren as to the virtues of veratrum viride. I think it is well worthy of more extensive trial by the profession, and I am much inclined to hope that it will prove a substantial addition to our means of controlling inflammatory disease. As far as I can judge, it would have gone very hard with both cases (I. and II.), but for the veratrum viride. Case I. would, I believe, have died; and Case II. would at best have had a slow convalescence. This case was the first one in which I tried the drug, and I was quite prepared to find at the next visit a considerable extent of both lungs hepatized, which with any other remedy I verily believe would have happened. Certainly veratrum viride is no placebo, and will only find favor with the partisans of active interference. Those who have witnessed its action will, I think, find it hard to believe that acute disease is never curable by depressing measures, or that expectant practice is always advisable. It is evidently a remedy very much of the same kind as digitalis, which has been employed on the continent lately in the same way, and apparently with very good results. (*Vide* Hirtz’s paper in the *Bull. de Thérap.*, February and March, 1862.) The *modus operandi* of both is clearly to depress the circulation, which digitalis at any rate seems to do by hyper-stimulation of the vaso-motor nerves. The cold face and hands and slow pulse of patients under its full action, are just such phenomena as result from stimulation of the vagi and sympathetic nerves.”

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CHRONIC DIARRHŒA AT CAMP DOUGLASS.—A correspondent of the *Chicago Medical Journal*, who has had charge of the Confederate prisoners at Camp Douglass, near Chicago, thus writes respecting the prevalence of chronic diarrhœa among them:—

“One of the first questions asked a patient, ‘How long have you been sick?’ generally gives the answer, ‘ever since I was taken prisoner.’ ‘What is the matter?’ ‘Diarrhœa.’ There is nothing which so effectually takes the self-satisfaction out of a physician as treating chronic diarrhœa. Add to its usual obstinacy the necessary lack of suitable food, and the stolid indifference of men accustomed to sufferings, and our diarrhœas become the rightful recipients of their usual appellation—the camp curse. The prevalence of diarrhœas among the rebel prisoners is absolutely astonishing. In one of my wards, I one day found that nineteen out of twenty then in the ward had diarrhœa. I have never tested it before or since, but presume it would vary but little among the sick in the hospitals. As to its treatment, my own experience gives me little to offer in the chronic cases, while the acute ones yield readily to opiates combined with astringents. Occasionally I have used mercurials with very marked good effect, and also in others quinine has been productive of excellent results. I have used the following in some of my cases with much satisfaction:—R. Pulv. opii, ʒi.; pulv. alum., ʒij. M. Make twenty powders; give one every two or four hours until bowels check.

“In the chronic cases, there seemed but little encouragement to close the portals of their exit. No wonder surgeons kept from active field service, clamor to quit the business, for I think if anything could

effectually dry up the last spark of a man's ambition, hope and resolution, it would be to dole out daily remedies for chronic diarrhœa. The incessant 'no better' sounds mockery to your science. The long list of specifics fade out quietly before your trials, but like few reliable institutions, they still run themselves. I have tried nothing that I could add to, or place in the specific column. I think if I ventured to believe anything had done any good, it was the formula given above. In some cases, I combined tincture of cantharides with my ordinary diarrhœa formula, and it seemed to do good for a while, but soon fell into the useless brigade. I used iron to no purpose.

"The degree of emaciation is incredible. In many it would seem to be no difficult matter to teach osteology, and they turn the skeleton for you.

"In most of the cases, towards their termination, ulceration of the lower section of the cornea takes place, and it has always in this, as well as other diseases, preluded a fatal termination. It seems to be the point in the nutrient barometer, to which, if nature sink, there is no remedy.

"These cases, notwithstanding the irritability of the bowels, must not be deprived of a liberal supply of hearty food. In many cases, articles which would seem entirely inconsistent with the disease, were tolerated with wonderful comfort—such as meats, pickles, vegetables, &c. The denial of a substantial and free supply of food, I am confident, is injurious in the confirmed cases. Many cases were examined *post mortem* without eliciting any peculiarity upon which a basis of treatment could be founded."

---

DENTISTS AT RIO JANEIRO.—Dr. Joseph F. Vegas writes to the Philadelphia *Dental Cosmos* as follows, under date of June 25, 1862 :—

"The number of dentists in Rio is about twenty, and most of them are graduates of medicine. American dentists are considered the best, and there are three or four Americans doing very well. One of them in particular, Dr. Van Tuyl, who has been established in Rio for about fifteen years, enjoys quite a reputation, and has a large practice.

"Dr. Fogg is also doing well; he is the successor of Dr. Whittlemire, one of the best dentists that ever came to Brazil.

"I called upon several of them, and was kindly received by all—to Dr. Van Tuyl, particularly, I am highly indebted for many attentions during my sojourn in the city of Rio.

"The medical college of Rio has, within the last few years, made arrangements to instruct and graduate dentists, but in a very imperfect manner. Dr. Diniz was the first graduate, in 1859, and since then they have graduated three or four every year, who could hardly have been prepared to enter into the practice of dentistry with the scanty instruction received at that institution, where none of the professors are dentists. There are, consequently, no clinics, and as to mechanical dentistry, not a word is taught."

---

ARTIFICIAL LIMBS FOR SOLDIERS.—The Commission appointed by the Surgeon-General to devise a method of expending the fund appropriated by Congress for the purchase of wooden limbs for soldiers, recently held a meeting in this city. It consisted of the following eminent surgeons: Drs. Van Buren, Gross, J. M. Warren, and Satterlee. After examining the subject, they resolved to allow the patient fifty dollars

for a lower, and twenty-five dollars for an upper extremity. The following artificial limb manufacturers were selected to supply limbs, viz., Dr. E. D. Hudson, New York, Dr. Douglas Bly and Mr. Selpho, New York, Mr. Douglass, Springfield, Mass., and Mr. Palmer, Philadelphia. The patient is at liberty to apply to either of these manufacturers, but if the price which they demand for a given limb exceeds the amount allowed, the patient, or his friends, must make up the deficiency. This arrangement is very judicious, and will lead to a proper use of the fund. Every maimed soldier will be able to obtain an artificial limb of such quality as he chooses.—*American Med. Times.*

**LECTURES AT THE MASSACHUSETTS MEDICAL COLLEGE.**—The attention of readers is called to the advertisement respecting the Introductory Lecture by Prof. Bigelow at the College on Wednesday next. The winter course, then to be commenced, promises to be in every respect equal to those of former years, and is worthy the attention of students in all parts of the country. The numbers in attendance at other schools which have opened this season are said to be large, and we anticipate an increased number at the lectures in this city.

**DR. P. A. O'CONNELL**, Surgeon of the 28th Massachusetts Regiment, has been appointed by General Willcox Medical Director of the Army Corps under his command. Dr. O'Connell writes that he will be able to enforce General McClellan's order relative to the Ambulance Corps in his Division of the Army, as he will receive from General Willcox any assistance he may require.

WE have received from Dr. George H. Gay, chairman of the delegation of surgeons and physicians who went to Washington on the memorable Sunday, August 31st, in answer to a call from the Secretary of War, his interesting report to the Surgeon-General of Massachusetts, just published. Want of space compels us to defer a full notice of it until next week.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, OCTOBER 25th, 1862.

##### DEATHS.

	Males.	Females	Total.
Deaths during the week, . . . . .	40	27	67
Average Mortality of the corresponding weeks of the ten years, 1851-1861, . . . . .	33.3	32.9	66.2
Average corrected to increased population, . . . . .	..	..	72.99
Deaths of persons above 90, . . . . .	..	0	0

##### Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Varicella.	Dysentery.	Typ. Fev.	Diphtheria.
15	2	3	2	1	0	1	3	2

**DIED.**—In New Orleans, Sept. 22d, of apoplexy, Dr. Edward Jenner Cox, in the 60th year of his age. Dr. C. was the son of Dr. John Redman Cox, formerly a professor in the University of Pennsylvania, and now living—the oldest alumnus of the medical department of that school. The son has been a resident in New Orleans for the last twenty-five years, and during much of that time was well known to the readers of this Journal as a frequent contributor to its pages.—Killed, in a skirmish near Ashby's Gap, Va., on the 24th ult., Dr. S. R. Perkins, late of Castleton, Vt., and at the time of his death Captain of a company in the Vermont Cavalry Regiment.

**DEATHS IN BOSTON** for the week ending Saturday noon, October 25th, 67. Males, 40—Females, 27. Accident, 2—apoplexy, 2—inflammation of the bowels, 1—disease of the brain, 2—bronchitis, 1—cancer, 1—cholera infantum, 2—consumption, 15—convulsions, 1—croup, 3—diarrhea, 2—diphtheria, 2—dropsy, 3—dropsy of the brain, 1—dysentery, 1—scarlet fever, 2—typhoid fever, 3—gangrene, 2—disease of the heart, 3—hernia, 1—intemperance, 1—inflammation of the lungs, 1—marasmus, 1—old age, 1—paralysis, 2—premature birth, 3—syphilis, 2—teething, 1—unknown, 5.  
Under 5 years of age, 19—between 5 and 20 years, 6—between 20 and 40 years, 25—between 40 and 60 years, 12—above 60 years, 5. Born in the United States, 41—Ireland, 18—other places, 8.

## MEDICAL JOURNAL ADVERTISING SHEET

**MUTUAL LIFE INSURANCE.**—The *New England Mutual Life Insurance Company* (Office Company's Building, State st., corner of Congress st., Boston) insures lives on the mutual principle. Accumulation—over \$1,600,000, and increasing, for the benefit of members, present and future. The whole safely and advantageously invested.

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Sept. 26 Consulting Physician.

**GARRATT ON MEDICAL ELECTRICITY.**—Embracing electro-physiology and meteorology; descriptions and uses of the different currents obtained from various kinds of Batteries; "Electro-Therapeutics," showing clearly, yet limiting those classes of nerve-affections, and of joint and muscle diseases, to which this treatment is adapted; methods of application, &c. By ALFRED G. GARRATT, M.D. Second Edition. Pp. 700. 100 Illustrations. Price, \$3.00.

P. S.—Dr. Garratt, No. 9 Hamilton Place, Boston (near Park-street Church), continues to give special attention to the medical uses of Electricity, i. e. primary galvanism, in *Nervous Affections*—for re-kindling the vital forces; for restoring tone in certain cases of atony, weakness and pain, as also in many of the more grave nervous affections—traumatic, wasting, and reflex-paralysis; cold-rheumatism, sprains, sciatica, lumbago, irritable spine, neurgia, headaches, nerve-deafness, sensitive eyes, infantile palsy, chorea, amenorrhoea, torpor of bowels, and the like. Feb. 27

**GARDNER'S PERMANENT SOLUTION OF PROTOXIDE OF IRON.**—The attention of the Medical Profession is called to this novel and eminently successful preparation of Iron. It is becoming so well known, and so generally used, although but a short time before the public, that it has already taken its place among the standard preparations of the day. It contains 40 grains of Ferri Protoxide to the fluid ounce, and is prepared in two forms—bitter and sweet; the former the result of a combination of a vegetable tonic (Quassia), containing no Tannin, whereby a precipitate of Tannate of Iron is avoided; with the mineral. The rapidity with which this article is assimilated is really surprising, usually producing observable effects in chlorosis in from three to six days.

Jersey City, N. J., Feb. 15, 1862.

I have tested the preparation of Mr. Gardner, known as the "Liq. Ferri Protoxidi," and find it to be decidedly the most efficient preparation of that mineral I have ever prescribed; being prepared with a vehicle at once palatable and acceptable to the stomach, it is readily administered. I have no hesitation in giving Mr. Gardner's preparation the preference over all other preparations of that mineral. For those peculiar morbid conditions of the human organism where the use of Iron is indicated.

PHILIP N. SENDERLING,

President of Hudson County Med. Society.

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Boston, July 1st, 1861.

**HAVING** sold to Messrs. COXMAN & SHURTLEFF 13 Tremont-street our entire stock of Surgical, Dental, and Veterinary Instruments, and having relinquished these branches of our business, we hereby recommend the establishment of Messrs. COXMAN & SHURTLEFF to our former patrons.

HASSAM BROTHERS,  
(late Kingman & Hassam.)

Feb. 13—1f

**ALBANY MEDICAL COLLEGE.**—The next annual course of lectures will commence on the first Tuesday in September, and continue sixteen weeks. Degrees will be conferred at the close of the Session, and also in June. Fee for full Course, \$65. Graduation fee, \$20.

Materials for dissection are abundant, and furnished to Students on reasonable terms as at any similar institution in the country. A spacious hospital has been opened nearly opposite the College, to which Students are admitted free of charge.

Weekly Cliniques are held in the College. Boarding, from \$2.50 to \$3.50 per week.

ALDEN MARCH, M.D., Prof. of Principles and Practice of Surgery.

JAMES MCNAUGHTON, M.D., Prof. of the Theory and Practice of Medicine.

JAMES H. ARMSBY, M.D., Prof. of Descriptive and Surgical Anatomy.

HOWARD TOWNSEND, M.D., Prof. of Materia Medica and Pharmacology.

CHARLES M. PORTER, M.D., Prof. of Chemistry and Medical Jurisprudence.

JOHN V. P. QUACKENBUSH, M.D., Prof. of Obstetrics and Diseases of Women and Children.

J. V. P. QUACKENBUSH, *Reg't.*  
Albany, May 8, 1862.—1f

**RETREAT FOR NERVOUS INVALIDS.**—At *Pepperell, Mass.*—The undersigned, having taken the Establishment for many years occupied by the late NEHEMIAH CUTTER, M.D., as a Retreat for Nervous Invalids, will continue to receive patients as heretofore. We are pleased to refer such to

Luther V. Bell, M.D., *Charlestown, late of the McLean Asylum.*

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Chas. F. Jones, Esq., 55 State st. " JAS. M. STICKNEY, M.D.

Pepperell, Oct. 18, 1860. Jan 9, '62—1yr.

**DR. DAVIS'S INSTITUTE.** corner of 37th st. and Madison Avenue, New York. This Institution is established for the purpose of carrying out, in the most appropriate manner, the treatment introduced by the undersigned for diseases and injuries of Joints, including old dislocations, and deformities. The principles of his treatment, its benefits and its applications, have freely been communicated to the profession. The advantages of having the patient constantly under personal control and supervision are too obvious to all medical men to require elucidation. Indeed, the Institute is established in compliance with frequent requests of Physicians, as well as patients from abroad.

The Institute is arranged with all the comforts of a private family home, without any of the repulsive accompaniments of a hospital. Further particulars obtained by applying to HENRY G. DAVIS, Sept. 11—10f 210 Madison Av., New York.

**BURNETT'S PURE COD-LIVER OIL.**—Carefully Prepared only from Fresh and Healthy Livers, by THEODORE METCALY & Co., Apothecaries, 39 Tremont street, Boston, Mass., sole proprietors.

From *Peretra's Materia Medica*, Vol. II. Part II. page 2243.

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**NEW WORK ON DISEASES OF THE EYE.**

—A Practical Guide to the study of Diseases of the Eye; their Medical and Surgical Treatment. By HENRY W. WILLIAMS, M.D. The author has endeavored to present a concise and serviceable description of these diseases; simplifying their classification; and avoiding, as much as possible, the numerous technical terms which have seemed to render a knowledge of these diseases a difficult acquisition to the general practitioner.

Published by TICKNOR & FIELDS, and for sale by all medical booksellers, and at this office. Price \$1.50. Copies sent by mail, post-paid, on receipt of the price. May 29—1f

# MEDICAL JOURNAL ADVERTISING SHEET.

**MEDICAL LECTURES OF HARVARD UNIVERSITY.**—The Introductory Lecture will be delivered at the Massachusetts Medical College, on Wednesday, Nov. 5th, at 12 o'clock, by HENRY J. BIGKLOW, M.D., Professor of Surgery. Physicians and gentlemen interested in Medical Science, are respectfully invited to attend.

D. HUMPHREYS STORER,

Dean of the Faculty.

**THE LOCUST-GROVE RETREAT, at Pepperell, Mass.**—The buildings recently erected on the old site of the late Dr. N. Cutter's Asylum, are now being fitted up for the reception of patients. The situation is a very desirable one, the buildings are commodious, and the rooms pleasant and convenient for the purpose. The town also is noted for its fine farms, pleasant drives, and picturesque scenery.

The institution is designed for those persons whose intemperate indulgence in strong drinks renders a removal from their homes and ordinary associations desirable or necessary.

No pains will be spared to reclaim and restore them to their former position in society.

J. C. SHATTUCK, M.D.

## REFERENCES.

Rev E. P. Smith, Rev J. E. B. Jewett,  
Hon C. W. Bellows, Col. S. P. Shattuck,  
Charles Tarbell, Esq., Hon. A. Hutchinson,  
of Pepperell.

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Sept. 26 -1y

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**NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL.** No. 90 East Thirtieth Street, near Fourth avenue.

The next Annual Course of Lectures will commence on Monday, October 20, 1862, and will terminate in the early part of March, 1863.

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JAMES E. STEELE, M.D., Demonstrator of Anatomy and Curator of the Museum.

GEORGE WOOD JEWETT, M.D., Assistant to the Prof. of Midwifery.

WM. BALSER, M.D., Assistant to the Prof. of Infantile Pathology.

F. S. SWADE, Janitor.

A preliminary term will commence on Monday, Sept. 15th, and continue until the Regular term begins. This course will be gratis to those students who intend taking a full winter Course, and will be as follows:—

On Amputations, by Prof. CARNOCHAN.

" Gun-shot Wounds, by Prof. RAPHAEL.

" Pregnancy, by Prof. RUDD.

" Anatomy and Physiology of the New Born, by Prof. JACOBI.

" Bandaging, by Prof. HOLCOMB.

" Anatomy of the Regions, by Prof. SMITH.

Material for dissection is abundant, and furnished to students at a mere nominal price.

Daily Clinics are held at the College.

Further information as to Lectures, Terms, &c., may be obtained by addressing

Prof. B. I. RAPHAEL, M.D.,

Dean of the Faculty, 91 Ninth Street.

\* Prof. Browne, having received the appointment of Brigade Surgeon, has resigned the chair of Physiology. The chair is now vacant, but will be filled before the commencement of the Course.

Aug 14—

**NOTICE.**—The Subscriber wishes a partner, at "The Pearl Hill Retreat," and in the general practice of medicine. For particulars, address

W. M. BARRETT,

May 22.—1y Fitchburg, Mass.

**IMPROVED SPERMATORRHOEA RINGS.**—of a pure silver, for preventing and curing nocturnal emissions. Price \$3.—to physicians, \$2.— They can be sent by mail in a letter. Also, a large assortment of elastic, glass and metal Syringes, Breast Pumps, Nursing Bottles, &c. &c., for physicians' and family use. Sold by E. M. SKINNER, successor to J. R. SELL SPALDING, 27 Tremont street, opposite the Museum, Boston, Mass.

March 19.

## THE

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THE

# BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY

SAMUEL L. ABBOT, M.D.

Whole No. 1810.]

Thursday, Nov. 6, 1862. [Vol. LXVII. No. 14.]

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Sept. 12.

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—This pleasant and highly efficacious combination, the formula for which, has been in the hands of physicians for more than a year, we can now furnish in gallon, half-gallon, and pint packages. The desirable point is here attained of combining with a *auto-salt* of iron cinchonine and quinine, the active principles of Calhaya Bark, in the form of a pleasant, agreeable elixir.

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**GARRATT ON MEDICAL ELECTRICITY.**—Embracing electro-physiology and meteorology; descriptions and uses of the different currents obtained from various kinds of Batteries; "Electro-Therapeutics," showing clearly, yet limiting those classes of nerve-affections, and of joint and muscle diseases, to which this treatment is adapted; methods of application, &c. By ALFRED C. GARRATT, M.D. Second Edition. Pp. 700. 100 Illustrations. Price, \$3.00.

P. S.—Dr. Garratt, No. 9 Hamilton Place, Boston (near Park-street Church), continues to give special attention to the medical uses of Electricity, i. e. primary, galvanism, in *Nervous Affections*—for re-kindling the vital forces; for restoring tone in certain cases of atony, weakness and pain, as also in many of the more grave nervous affections—traumatic, wasting, and reflex-paralysis; cold-rheumatism, sprains, sciatica, lumbago, irritable spine, neuralgia, headache, nerve-deafness, sensitive eyes, infantile palsy, chorea, amenorrhoea, torpor of bowels, and the like. Feb. 27

**GARDNER'S PERMANENT SOLUTION OF FERRI PROTOXIDE OF IRON.**—The attention of the Medical Profession is called to this novel and eminently successful preparation of Iron. It is becoming so well known, and so generally used, although but a short time before the public, that it has already taken its place among the standard preparations of the day. It contains 40 grains of Ferri Protoxide to the ounce, and is prepared in two forms—bitter and sweet; the former the result of a combination of a vegetable tonic (Quassia), containing no Tannin, whereby a precipitate of Tannate of Iron is avoided) with the mineral. The rapidity with which this article is assimilated is really surprising, usually producing observable effects in chlorosis in from three to six days.

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President of Hudson County Med. Society.

Manufactured solely by the proprietor, ROBERT W. GARDNER, Druggist and Chemist, Jersey City, N. J. JOSEPH WATSON, General Agent, 31 Park Row, N. Y. Wholesale Agents for Boston, S. M. Colcord & Co., cor. Hanover and Portland sts. July 31.—6m.

Boston, July 1st, 1861.

**HAVING** sold to Messrs. CODMAN & SHURTLEFF, 13 Tremont street, our entire stock of Surgical, Dental, and Veterinary Instruments, and having relinquished these branches of our business, we hereby recommend the establishment of Messrs. Codman & Shurtleff to our former patrons.

HASSAM BROTHERS,

Feb. 13.—tf

(Late Kingman & Hassam.)

**ALBANY MEDICAL COLLEGE.**—The next annual course of lectures will commence on the first Tuesday in September, and continue six weeks. Degrees will be conferred at the close of the Session, and also in June. Fee for full Course, \$45. Graduation fee, \$20.

Materials for dissection are abundant, and furnished to Students on as reasonable terms as at any similar institution in the country. A spacious Hospital has been opened nearly opposite the College, to which Students are admitted free of charge.

Weekly Cliniques are held in the College.

Boarding, from \$2.50 to \$3.50 per week.

ALDEN MARCH, M.D., Prof. of Principles and Practice of Surgery.

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JOHN W. P. QUACKENBUSH, M.D., Prof. of Obstetrics and Diseases of Women and Children.

J. V. P. QUACKENBUSH, Reg'r. Albany, May 8, 1862.—tf

**BURNETT'S PURE COD-LIVER OIL.**—Carefully Prepared only from Fresh and Healthful Livers, by THOMPSON, MITCHELL & Co., Apothecaries, 39 Tremont street, Boston, Mass., sole proprietors.

From Pereira's *Materia Medica*, Vol. II. 4 Part II. page 2243.

"The experience of the profession at large appears now quite to have established the fact that Cod-Liver Oil, is one of the most efficacious of all remedies in arresting the progress of pulmonary phthisis; that it enables patients to struggle on longer against the invasions of the disease, and thus enables them sometimes to obtain cicatrization and contraction of cavities which otherwise must have produced speedy death." Dec. 13.

**RETREAT FOR NERVOUS INVALIDS.**—At Pepperell, Mass.—The undersigned, having taken the Establishment for many years occupied by the late NEMENIAH CUTTER, M.D., as a Retreat for Nervous Invalids, will continue to receive patients as heretofore. We are pleased to refer such to Luther V. Bell, M.D., Charlestown, late of the McLean Asylum.  
Chas. E. Ware, M.D., No. 1 West st., Boston.  
Ed. J. Davenport, M.D., 20 Bedford st.,  
J. A. Wood, M.D., Marlborough Hotel, "  
Chas. F. Jones, Esq., 55 State st., "  
JAS. M. STICKNEY, M.D.  
Pepperell, Oct. 18, 1860. Jan. 9, '62—lyr.

**DR. DAVIS'S INSTITUTE, corner of 37th st. and Madison Avenue, New York.**—This Institution is established for the purpose of carrying out, in the most appropriate manner, the treatment introduced by the undersigned for diseases and injuries of joints, including old dislocations, and deformities. The principles of his treatment, its benefits and its applications, have freely been communicated to the profession. The advantages of having the patient constantly under personal control and supervision are too obvious to all medical men to require elucidation. Indeed, the Institute is established in compliance with frequent requests of Physicians, as well as patients from abroad.  
The Institute is arranged with all the comforts of a private family home, without any of the repulsive accompaniments of a hospital. Further particulars obtained by applying to HENRY G. DAVIS, Sept. 11.—10t 210 Madison Av., New York.

**CHAS. H. SPRING, M.D.,** has removed from No. 215 Washington st. to No. 7 Harrison Avenue. Special attention given to Diseases of the Spine. Office hours, 9 A.M. to 2 P.M. Jan. 9.—tf

**OPHTHALMOSCOPES**—modified from those of Anagnostakis and Jaeger, by JOHN H. DIX, M.D. For sale by CODMAN & SHURTLEFF, Sept. 1.—1t 13 Tremont st., Boston.

**DR. J. H. DIX** has removed to Boylston, corner of Tremont street, and attends exclusively to DISEASES OF THE EYE AND EAR. Dec. 24, 1857.



THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. LXVII.

THURSDAY, NOVEMBER 6, 1862.

No. 14.

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MEDICAL AND SURGICAL CASES AT PORT ROYAL, S. C.

[Communicated for the Boston Medical and Surgical Journal.]

{ U. S. GENERAL HOSPITAL, HILTON'S HEAD,  
PORT ROYAL, S. C., OCT. 15th, 1862.

MR. EDITOR,—Assuming that your readers are not altogether destitute of interest with respect to what is passing in this out-of-the-way and somewhat neglected station, I propose to send you a brief history of this hospital, and of the course which has been pursued here in the treatment of some of the most important medical and surgical cases which have presented themselves.

This hospital was first opened for the reception of patients on the first day of April, 1862. About three hundred and fifty patients can be accommodated with perfect convenience, and fifty more can be admitted without being over-crowded. The building itself is very favorably situated for health. The waves of the Port Royal harbor constantly roll up within a few rods of its front, and the brisk sea breeze, which nearly always blows from off the bay, renders the air pure and salubrious.

The hospital is erected in the form of a hollow square, each side of which measures 325 feet. It is built on piles, elevated about three and a half feet from the ground. The dispensary and dining room are in the main building. The kitchen, wash house, &c., are detached in buildings erected for the purpose.

Under ordinary circumstances, the patients are brought in from the hospitals of the regiments, some of which lie encamped within, and some without, the fortifications around Hilton's Head, but in some instances from other places. After the battle of James Island, on the 16th day of June last, a large number of the sick and wounded from that place were brought to this hospital. Those brought from the regiments referred to are chiefly cases of various kinds of disease, or of gun-shot wounds from the careless handling of fire-arms. Fractures from accidents also occasionally take place, par-

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ticularly of the long bones, without complications. No epidemic has existed since the opening of the hospital for the reception of patients. The prevailing diseases, therefore, have been such as are incident to the climate and the season of the year.

### FEVERS.

*Intermittent Fevers.*—The cases admitted into the hospital have not been numerous, and have presented no aggravated features. After a proper attention to the stomach and bowels, they have generally yielded speedily to the exhibition of quinine, in doses of from three to five grains, repeated more or less frequently, and combined with alcoholic stimulants or not, according to the previous habits or constitution of the patient. In a few cases the disease has assumed a congestive form, when quinine was administered in much larger doses.

*Continued Fevers.*—Cases of continued or bilious fever have very seldom been admitted into this hospital, till after they have passed their first stage. The first treatment has uniformly been at the regimental hospitals. Frequently, when admitted, the patient has been much exhausted, the tongue heavily coated and bilious, with a tendency to looseness of the bowels. In some cases the bowels have been constipated. After a proper attention to the regulation of the stomach and bowels, nearly all this class of cases have done well by a free exhibition of alcoholic and other stimulants, with quinine in moderate doses, though a few have had a protracted convalescence. A common prescription for such cases is: *R.* Spts. vin. gal., f ʒ iv.; quin. sulph., grs. xii. *M.* To be taken in the course of twenty-four hours. A speedy recovery often takes place under this treatment.

*Typhoid Fevers.*—As in cases of bilious fever, the first stage of typhoid fever is generally passed in the regimental hospitals. When admitted into the General Hospital, the patient has a feeble pulse, more or less tenderness of the epigastrium and of the right iliac region, vacant countenance, dull hearing; tongue black and heavily loaded, often dry, hard and cracked, with the other symptoms usually presented in that disease. There is here a general tendency to looseness of the bowels, though in some instances the opposite condition has existed. After a careful attention to the condition of the primæ viæ, the stimulating system of treatment is steadily and perseveringly pursued. The exhibition of ol. terebinth., gtt. v. to x., ter die, and spts. vin. gal., f ʒ iv. to f ʒ viij. in twenty-four hours, is continued without intermission from day to day. Under this treatment, in a great majority of cases, in a few days, the tongue becomes moist and soft, the black coating begins to disappear, the pulse becomes fuller and stronger, the countenance loses its peculiar look of perplexity, intelligence begins to resume her throne, and the patient goes steadily onward to convalescence and a return to health.

## DISEASES OF THE BOWELS.

*Dysentery.*—Compared with other diseases, very few cases of dysentery have been admitted into the hospital, and I do not learn that it has prevailed to any great extent amongst the troops in this neighborhood. The disease here has presented no remarkable features, and has yielded readily to the usual remedies. It seldom becomes chronic, but it has not unfrequently degenerated into chronic diarrhœa, and then presents all the difficulties in the treatment of that disease when primary in its inception, and something more.

*Diarrhœa.*—As is well understood, this disease is one of the most common of warm climates, and Hilton's Head and its neighborhood is not an exception in this particular. Any irregularity in diet, great fatigue or undue exposure, is liable to produce an attack. In the acute form, it does not materially differ from the same disease in more northern climates, except that the attacks are more violent, and of course more difficult to control. Generally, however, it cannot be considered very difficult to subdue by the usual remedies, but when improper diet or undue exposure is persisted in, it is very liable to assume the chronic form, and the disease then presents a far more formidable character.

*Chronic Diarrhœa.*—Of all the classes of diseases treated in this hospital, chronic diarrhœa is among the most troublesome and the least amenable to the control of remedies. Opium, lead, tannin, creasote, catechu, camphor, with their different preparations, whether given separately or combined, together with the whole catalogue of sedatives and astringents, have in many instances been equally powerless in arresting the disease. Not unfrequently, when it appeared to be arrested and the patient seemed to be in a fair way of recovery, imprudence in diet has, in a day, destroyed the care and labor of weeks; the disease has returned with increased violence, and in a short time has been followed by a fatal result. The tongue will look clean and have a healthy appearance, except, perhaps, a little too much of redness, and the eye bright, while the disease goes steadily on to reduce the strength of the patient, till in a shorter or longer period it proceeds to a fatal termination. Several months are sometimes consumed in this wasting process. Nutriments, even of the mildest kind, will pass through the bowels with little delay, and apparently without being assimilated. According to our experience, brandy punch, made with one part of brandy and two parts of boiled milk, and given to the extent of from  $f\frac{3}{4}$  iv. to  $f\frac{3}{4}$  viij. every twenty-four hours, succeeds best in sustaining the strength and affording nourishment to the system. When thoroughly established, however, a case of chronic diarrhœa is almost incurable in this climate, and a timely return to some healthy location at the North affords the only hope of a permanent restoration to health, though that does not always prove successful.

## RESPIRATORY ORGANS.

Diseases of the respiratory organs originating in this climate have

seldom been met with. Slight catarrhal affections have readily yielded to mild remedies, and claim no particular notice. Cases of phthisis, however, of long standing, have occurred, generally in old soldiers, broken down by drink and dissipation, who ought never to have been admitted into the army. In these cases the disease has run much the same course and terminated in the same way as in more northern latitudes.

#### DISEASES OF THE HEART.

Hypertrophy and dilatation of the heart occur frequently, and in some instances aneurism of the aorta. They have occurred chiefly in very young men, or men of feeble constitution, tasked probably beyond their strength. The history which most of them give of their symptoms is, that they came on whilst engaged in practising the *double quick*. Under the influence of digitalis, veratria, rest and mild diet, most of them have been partially relieved, but some of this class of patients have remained for several months in the hospital, without any prospect of being able to rejoin their regiments.

#### RHEUMATISM.

Rheumatic affections in a military hospital will always be found in considerable numbers. They are, in this hospital, nearly all chronic cases, occurring in individuals who had been affected with that disease before they entered the army, and who ought never to have been permitted to do so. Whoever enlisted them, committed a gross fraud upon the public. Many of them in a year have not performed a month of service. This disease has been presented here in every variety of its forms; the feet, the hands, the knees, the shoulders, the back, the hips, and every other possible location, in some one or other of its subjects. To see the different manœuvres they make to contrive to set themselves in motion, would be ludicrous if it were not painful. As you pass through the wards, one old fellow with a sciatica will try to rise, with one hand on his hip and a cane in the other. Approaching the next bed, another, with both knees stiff, will be found with a cane in each hand. The next you meet will perhaps have no cane, but he will have both hands on his knees. It is well known that a simulated rheumatism is one of the most popular dodges amongst the old soldiers to escape duty, and sometimes to obtain a discharge, and there is reason to believe that the deception is sometimes so successfully carried on as to accomplish the object. These cases frequently resist all kinds of treatment. Iodide of potassium, Dover's powder, guaiacum, cod-liver oil, colchicum, turpentine internally, and cupping, blistering, and liniments externally, are often attended with little or no benefit, and a great many of them have to be abandoned as hopeless of effecting a cure.

#### SURGERY.

*Fractures.*—It has been already stated that the greater part of the medical cases had been brought to this hospital from the regi-

ments encamped within, or immediately without, the fortifications around Hilton's Head. Most of the surgical cases from the same locality have been fractures without complications. None of these accidents have been very severe or attended by circumstances which require particular observation. They have mostly occurred amongst persons connected with, rather than directly engaged in, the military service. They have been treated on ordinary principles, and by the usual apparatus, and have all done well.

*Wounds.*—After the battle on James Island, on the 16th day of June last, a considerable number of the wounded in that engagement were brought to this hospital. The wounds, as might be expected, were very various in their character. Some were flesh wounds only. In others, the bones were shattered. Some were wounded in the head, some in the body, some in the upper and some in the lower extremity.

*Flesh Wounds.*—The expression, "only a flesh wound," used to imply that the wound was of little consequence, and that the subject of it had received little present or prospective injury. But experience has shown that even a flesh wound, inflicted by a Minié ball, is by no means to be despised. When a Minié ball passes through a thick, fleshy part, such as the thigh or the calf of the leg, it makes a large perforation, which heals slowly, and inflicts an injury of such a character as will, in a great majority of instances, prevent the limb from ever regaining its entire usefulness. The cases of this kind which have been admitted into this hospital have been treated on the ordinary principles, and with as much skill and care in all probability as they would have received elsewhere, but the truth of the above remark is too painfully exemplified by several cases of that kind still remaining in the hospital ever since the battle of James Island.

*Wounds implicating the Bones.*—If the effects of Minié balls are so serious when merely passing through the soft parts, they are still more disastrous when they touch the bones. It may be truly said that a Minié ball never touches one of the long bones without shattering it into several pieces. The bones of the thigh, the leg and the arm, when struck by one of these missiles, are, of course, perfectly comminuted and splintered. When passing directly through, scarcely less than three inches of bone is injured, and sometimes more, besides the severe shock inflicted on the system. Amputation, or at least resection, in such cases, offers the only chance of saving the life of the patient.

*Head.*—A curious wound was received by a soldier at the battle on James Island. The missile struck him precisely on the tip of the nose, penetrated the structures behind and tore away a large portion of the palatine bones, without proceeding farther backwards. What finally became of the ball he did not know. It may have been a small rifle-ball, or more probably a buck-shot. No bad symptoms

followed the injury, and in a few weeks the wound healed entirely, leaving little of inconvenience or deformity.

*Body.*—Of wounds of the body, few have been brought into the hospital of very great severity. One worthy of notice was that of a soldier from the fight on James Island, who received a wound from a Minié ball, a little below and behind the arm-pit. It was not attended by any very severe symptoms, and partially healed. A little irritation, however, appeared in it about the 20th of September, more than three months afterwards, which led to an examination, when a piece of cloth, more than an inch in width and three inches in length, was extracted from it.

The 76th Pennsylvania is encamped in the immediate neighborhood of the hospital. On the 14th of September, one of the soldiers of that regiment, while in a state of intoxication, endeavored to break the guard. He was repelled by the bayonet, and wounded in the back. The wound was inflicted over and in a line tending directly towards the right kidney. As several days had intervened before he was admitted into the hospital, it was not then considered prudent to explore it with a probe. The puncture, externally, had nearly closed, but the occurrence of a chill, fever and throbbing in the part, led to suspicion that an abscess was about to form there. A large poultice was applied, and happily a copious discharge of pus took place through the original puncture. Since then he has been doing well, and appears to have a fair chance of recovery.

*Upper Extremities.*—In battle, it is probable that the upper extremities are more frequently wounded than the lower. At least, that has been the case so far as admissions into this hospital are concerned.

*Fore-arm.*—Amputation of the fore-arm was necessary in some of the cases received from James Island, but they were not attended by circumstances requiring any special notice.

On the 21st of August last, the rebels surprised and captured a picket post on Pinckney's Island, about six miles from this place. Two of the wounded were admitted into this hospital the same evening—one of them wounded in the fore-arm, the other in the thigh, to which we shall again refer. In the former case, a Minié ball had passed through the left arm, striking the radius near the middle, breaking it into a number of pieces, and leaving a large, lacerated wound at the place of exit. Fortunately, the ulna escaped without the slightest injury. Resection of both fragments of the injured bone was performed; the wound healed rapidly and is now nearly well. There is no crookedness of the arm, nor unnatural position of the hand, and though not less than four inches of the radius has been removed, the limb, supported by the ulna, will still be a very useful one.

*Humerus.*—The humerus in several instances has suffered injuries which required amputation, but only one of them has been attended by circumstances particularly worthy of notice. One of the soldiers,

from the battle of James Island, was wounded by a Minié ball, which struck the right arm on the inner side, a little above the upper third, and passed through in a direct line, the exit being somewhat lower down than the entrance, having an appearance as though the arm had been drawn a little backwards when the injury was received. The bone was shattered and comminuted for more than half its length. The splinters extended from below the middle into the head of the bone. At first it was supposed that resection of the head of the bone might be successfully performed, but on a more careful examination it was resolved to amputate at the shoulder-joint. The operation was very skilfully performed by Dr. J. E. Semple, our Surgeon-in-Chief. The patient bore the operation well, and for a time the prospect of his recovery was good, but about the fourteenth day he suddenly sunk, and soon died. Circumstances did not admit of a *post-mortem*, but it is probable that the immediate cause of his death was the rupture of an abscess internally, as he had complained of considerable pain in one side a few days after the operation. This was a secondary operation. Had a primary operation been performed, the result might have been different.

*Lower Extremities.*—Though wounds of the lower extremities have been less frequent, they are far from having been less serious than the upper. The fleshy parts of the leg have been, in several instances, perforated, without implicating the bones; in other instances the bones have been shattered by Minié balls, and amputations have been performed, both below and above the knee. In one instance, amputation of the ankle-joint, by Syme's operation, was successfully performed. In this case secondary hæmorrhage took place, and it was necessary to re-open the wound in order to secure the bleeding artery.

The surprise of our picket-post on Pinckney's Island has already been referred to. The soldier wounded in the thigh at that place, as has been stated, was brought into the hospital the same day on which his wound had been received, but too late to make a satisfactory examination. The shock to the system had been very severe, and both the stomach and the general circulation participated in it. He was made as comfortable as possible that night, and the next morning he was put under chloroform, for the purpose of making a thorough examination of the wounded limb. In this examination we were assisted by Dr. Crane, Medical Director of this Division, of whose advice and experience we were glad to avail ourselves. It was found that a Minié ball had struck the thigh in front, a little above the upper third, that it had perforated the limb and passed out posteriorly by two orifices, the ball having been divided on the bone. The perforation in front admitted the passage of the fore-finger freely into it. The bone could be distinctly felt, with the jagged ends and pieces splintered from it. In this case the splinters extended nearly or quite up to the lesser trochanter. Directly in the course of the ball, several pieces of bone, an inch or so in

length, were lying in the wound. The jagged ends of the bone were separated from each other about three inches, besides the splinters, which extended from the ends of them as much more. Altogether, six inches at least of the bone had been injured. It was perceived, of course, that amputation, if performed at all, must be performed so high up as to make it almost equivalent to an operation at the hip-joint. The pulse remaining very feeble, and the stomach still sympathizing, it was concluded that an operation of such a serious character, under such circumstances, could do no more than hasten the impending catastrophe, and it was therefore decided not to amputate the limb. An effort was made to quiet the stomach and relieve the pain, by the administration of large doses of liq. morph., creasote and chloroform, but with only partial success. Death relieved him from his sufferings four days afterwards.

I have thus attempted to give a brief account of this hospital, and of some of the most important cases sent here for treatment. I did intend to have referred to several other subjects, and, particularly, to have offered some hints in relation to the United States hospital system in general, and the means by which greater efficiency could be imparted to it and the expenses diminished. Both these points must soon assume an importance scarcely conceivable at the present moment. I am admonished, however, that my communication has already greatly exceeded anything I had expected or intended, and that therefore I must postpone any further remarks till some future opportunity.

Desiring earnestly that this wicked rebellion, which has already carried wounds and death to so many of our citizens, may be speedily brought to a close, and that all those now in the field may soon be at liberty to return to their homes and to the cultivation of the arts of peace, I am

Very respectfully yours,

THOMAS T. SMILEY, M.D.

#### MISCARRIAGE, FOLLOWED BY ACUTE PERICARDITIS. DEATH.

By W. W. WELLINGTON, M.D., CAMBRIDGEPORT, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

A LADY, aged 30, in the sixth month of pregnancy, miscarried, having had more or less flowing during the previous fortnight. She was attended by a midwife. There was some trouble about the delivery. The midwife reported that the shoulder presented, and that she delivered by turning. Other accounts represented it to have been a breech presentation.

For the three days following the miscarriage, the lady was ailing; she had fever, but what was the precise trouble, I could not ascertain. On the fourth day, she was much better, sat up in bed, and received company. On the evening of the fourth day, she had chills, followed by fever, and a severe pain at the lower part of the ster-



num. She passed a restless night, and I saw her, for the first time, the next morning.

She was a delicate woman, with an infant a year old, which she had weaned only three months before her miscarriage. I found her very sick. The pain, which she referred to the lower part of the sternal region, was very severe. Respiration was very painful at that spot. She lay on the back, with her head raised, and her feet drawn up. She had a high fever: pulse 110 to 120, full and strong. There was no abdominal pain, tenderness, or swelling; not much headache; no cough: the tongue was dry and coated, and the thirst considerable. Auscultation revealed nothing abnormal in the cardiac and respiratory sounds, and percussion was natural over the whole chest. There was no nausea. She had taken a cathartic, which had operated favorably. The great complaint was of the excessive pain, already spoken of, in the region of the sternum.

In the evening, after the application of leeches, counter-irritation, and the administration of small doses of Dover's powder, this pain was a little relieved. But the pulse continued rapid, the fever ran high, and she again passed a very restless night.

The next morning she had an attack of vomiting, followed by purging, and when I made my morning visit she was dying: there was no pulse at the wrist, the extremities were cold, and she was insensible. She died at 10 o'clock, A.M., thirty-six hours from the time of the attack.

An autopsy was made, twenty-four hours after death. Two or three ounces of bloody serum were found in the pericardium: its internal surface was inflamed, with numerous red spots, to which were attached patches and flocculi of soft, recently formed lymph. Flocculi of lymph were also floating in the serum. The lungs were healthy. No disease was found in the uterus, or in the other abdominal organs.

The only symptoms suggesting disease of the heart in this case were the severe pain at the lower part of the sternum, and the dyspnoea. The cardiac sounds, so far as noticed, were normal. The pulse was regular. The effused serum was hardly enough to produce marked dulness, but probably sufficient to prevent a friction sound. The death was sudden and unexpected; the symptoms, the night previous, though severe, not indicating immediate danger. The fatal result was, undoubtedly, owing in part to the debilitated condition of the patient, resulting from the miscarriage, and her previous delicate health. The uterine organs being free from disease, their condition probably had no direct influence in causing the pericarditis.

VOL. LXVII.—No. 14A

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL  
IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

SEPT. 22d.—*Black Calculus from the Kidney*.—Dr. WHITE read the following report of the analysis of a black calculus which was shown, lying in the kidney, by Dr. J. Wyman, at a former meeting. Shape, obtuse almond. Weight, 40 grains. Length, 10 lines. Width, 6 lines. Thickness, 4 lines.

Its surface is almost wholly covered with well-marked, conical papillæ and crystalline projections, and is of an intensely black color, with the exception of two small deltoid-shaped portions. These are of a yellowish-white color, and are situated upon one of the flat surfaces, their acute angles nearly meeting in the centre, and forming a depressed girdle, by which constriction the stone was tightly held within the sac, from which it only half projected, and was with difficulty removed. The black substance is hard, shiny in places, and not easily detached. It is deposited in a uniform layer, nowhere exceeding one third of a line in thickness.

Portions of this matter, examined by the microscope, were found to be so deeply colored as to possess no transparency. Treated with concentrated *acetic* and *sulphuric* acids they remained entirely unchanged. *Hydrochloric* acid appeared to have no other effect upon them than to extract a little oxalate of lime, which forms the principal part of the substratum, upon which the coloring matter rests. In *alcohol* and *ammonia* alike unaffected. Boiled with a strong solution of *potash*, the liquid assumed a brown color, which on cooling deposited an amorphous, dark-colored matter, and became colorless again. The fragments thus treated were changed to a deep yellowish brown, and exhibited a concentric, lamellated structure, some of the layers representing circles of small diameter. *Nitric acid*, concentrated, produced a brisk effervescence, and very gradually destroyed the black coloring matter, leaving behind an orange-tinted, uniform tissue, of the original shape and size. After spontaneous evaporation various crystalline forms were observed, some of which were of a yellow color, but in too small quantity to admit a satisfactory examination. A careful analysis was made of as much of the black matter as it was thought well to remove, for iron, but the most delicate tests failed to discover its presence.

What, then, is this peculiar substance? It might at first be taken for hæmatine or some of its modifications, perhaps melanine; but all the blood pigments, as is well known, contain iron, and not a trace of this metal was discoverable in the portion examined, nor do the results of the above tests at all agree with the ordinary reactions of such substances. It would be a very interesting point, moreover, to determine whether the patient ever was affected with hæmaturia, and even if he had been, it seems impossible that so black a pigment could be formed from the coagulation of blood. Whether we are dealing with a simple coloring matter, accidentally mixed with some fibrinous or albuminoid substance, which forms the chief proportion of the layer, as shown by the experiments given, or whether the two are one unknown body, it is impossible to decide with the small amount of material at command. The latter, however, seems by far the more

probable, for I have never seen, nor heard of, a similar substance of any color as a constituent of a urinary calculus.

If, then, we give up the blood as the origin of its formation, can we turn to the urine more hopefully for a solution? I believe not, if we limit its resources to the production of the coloring matters already known, and as exhibited in normal or abnormal conditions; for it has no resemblance to urophæin, uroxanthin or uroerythrin. Moreover, the darkest known pigments the urine is capable of producing, are those imparted to crystals of uric acid, and those which color certain oxalate of lime calculi; but neither of them even approach in intensity the unique specimen now before us. The results of our analysis, therefore, are negative only, and with such we must rest satisfied, for perhaps nothing more definite would result from the employment and destruction of the entire specimen.

Coating the surfaces of the triangular facets, which were protected from the deposition of pigment by contact with the lips of the sac, is a layer of yellowish-white material, composed chiefly of organic matter. By the microscope, large masses of round cells are seen, filled with a fluid, colorless fat, and encrusted with *carbonate of lime*. On the addition of any fluid, the cell walls burst, and allow the fat in large quantities to float away. When treated with acid, thin, membranous flakes are observed, which, with the aggregation of fat cells, are undoubtedly portions of the kidney or cyst, which had undergone fatty degeneration. From the same portions, *oxalate of lime* was also extracted.

On boring into the centre of the calculus, from this point, its interior, the great body of the stone, in fact, was found to be of a hard, gritty nature, and of a grayish-white color. This was found, on analysis, to consist of large crystals of *oxalate of lime*, resembling, beneath the microscope, angular fragments of silica, together with a small portion of *carbonate of lime*.

To review, then, the calculus is composed of—1st, an outside layer of some unknown black coloring matter; 2d, of portions of metamorphosed animal tissue; 3d, of oxalate and carbonate of lime.

OCT. 27th.—*Case of Poisoning from the Pollen of the common yellow Tiger Lily*.—Dr. JEFFRIES WYMAN read the following report of a case by Dr. R. T. Warren, of Waltham, Mass.

"Mrs. B. was making a call at a neighbor's, having with her a little daughter, 4 years old. The child was 'perfectly well,' the mother said, and had been so. It played with another little girl, and did not go out of the room during the call. The little girl came to Mrs. B., requesting her to go and see Fanny, the name of the child. Mrs. B. went, and found Fanny rubbing her nose very violently. Soon there was a profuse discharge of mucus from the nose, colored yellow. The mother questioned the child, and ascertained that she had reached her hand out of the window, taken an anther from a tiger lily, and passed it into the right nostril. The child pointed out the lily, and the mother found just one anther missing. Mrs. B. was particular in her inquiries, and the child was positive in stating what she had done. Vomiting soon followed the discharge of mucus from the nose. This consisted at first of chyme, having no appearance of undigested food, and was followed by vomiting of mucus, colored yellow, the same as the discharge from the nose. The child then wanted to go to sleep. The mother took her home, and then sent for me. I saw her at 6,

P.M., Wednesday, August 13, about an hour after the anther was passed into the nose. The child appeared sleepy, but was easily roused, and was intelligent. Vomiting of mucus, tinged yellow, occurred while I was present. The yellowness did not seem to be caused by bile. The symptoms did not seem at all alarming. Not aware that the tiger lily possessed any poisonous properties, I felt no anxiety, and went away, after prescribing remedies, requesting to be called if anything new occurred. I was sent for about 10, P.M., four hours afterwards. Evacuations of the bowels had occurred; at first of natural appearance, then followed discharges colored yellow, the same as the vomiting and the discharge from the nose, and at last bloody discharges. The vomiting had occurred occasionally, and this at last became bloody. The child was dull, sleepy and languid. I prescribed astringents, opiates in the form of paregoric, and brandy and water, if the languor should increase. I saw her Thursday morning. A dejection, quite bloody, occurred between 1 and 2 o'clock, A.M., and after that the dejections were checked. She was relieved of the vomiting. The child seemed languid, rather sleepy; no wandering. The eyes had a dull, reddish injection. At 4, P.M., same day, appearance of the child much the same as in the morning. The right nostril was nearly closed; membrane of both nostrils very pale. Some discharge of clear, thin mucus. Friday morning.—The child looked brighter. Same reddish injection of the eyes. No urine had been passed during the last twenty-four hours. Slight feverish symptoms. No delirium. 7, P.M., Friday.—No urine had been passed. Several dejections, dark colored, very offensive. Some fever during the day, slight delirium and startings. Some nausea. Was called to her about 1 o'clock, Saturday morning. Shortly before she had a large, dark-colored, very offensive discharge, and immediately began to sink. She died a little before 4 o'clock, about fifty-nine hours after passing the anther into the nostril."

### **Bibliographical Notices.**

*Anatomy of the Arteries of the Human Body, Descriptive and Surgical, with the Descriptive Anatomy of the Heart.* By JOHN HATCH POWER, M.D., Fellow and Member of Council, of the Royal College of Surgeons; Professor of Descriptive and Practical Anatomy in the Royal College of Surgeons; Surgeon to the City of Dublin Hospital, &c. Authorized and adopted by the Surgeon-General of the United States Army for use in Field and General Hospitals. 12mo. Pp. 401. Philadelphia: J. B. Lippincott & Co. 1862.

This edition of Power's Anatomy has been issued by the publishers with special reference to the wants of our army surgeons, under the sanction of the Surgeon-General. It is admirably calculated for the purpose intended. Compact, thorough, exact in its descriptions, copiously supplied with excellent illustrations, it ought to be the companion of every one of our surgeons in the field. We are particularly struck with the beauty of the wood-cuts. Rarely, if ever, have they been equalled in any work published in America. The lines are sharp and clear, and the cutting is remarkably good, so that the anatomy of the parts illustrated is made perfectly distinct to the eye. The illus-

trations, seventy-three in number, include all found in the original work, besides a number of new ones prepared under the supervision of an eminent American anatomist. The book is printed on tinted paper, the type is large and easy to the eye, and the whole execution of the work brings it fully up to the standard which the publishers announce that they had in view, that of making it of the most convenient form possible for the surgeon's use. We most cordially recommend it to our army surgeons.

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*The Hospital Steward's Manual; for the Instruction of Hospital Stewards, Ward Masters, and Attendants, in their several duties.* Prepared in strict accordance with existing regulations and the customs of service in the Armies of the United States of America, and rendered authoritative by order of the Surgeon-General. By JOSEPH JANVIER WOODWARD, M.D., Assistant Surgeon U.S.A., Member of the Academy of Natural Sciences of Philadelphia, &c. 12mo. Pp. 324. Philadelphia: J. B. Lippincott & Co. 1862.

THIS little work, like the one noticed above, is very well timed. It is just the book that multitudes must have been looking for during the past year, who will find in it their want fully met. It gives minute details concerning every possible duty the hospital steward may be called on to perform. Part I. treats of hospital attendants, their rank, pay, &c., with an outline of their various duties, as well as of the other attendants employed in military hospitals. Part II., of the discipline, police and general supervision of military hospitals. Each is treated of in separate chapters, with full details of every duty. Part III. treats of food and its preparation; Part IV. of the dispensary; and Part V. gives hints on minor surgery and dressings, for hospital stewards. The information here embodied must be very useful to those in charge of government hospitals, as well as the subordinate officers whose duties are specially laid down in it; and if half we hear is true, many of them are greatly in need of it. It is an excellent book, and very well printed.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON: THURSDAY, NOVEMBER 6, 1862.

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WE have read with much interest Dr. George H. Gay's elaborate report to the Surgeon-General of Massachusetts of the visit of himself and his associates to Washington, in answer to the sudden call of the Surgeon-General of the United States Army, on the memorable Sunday, Aug. 31st. It will be remembered that in answer to that call in aid of the wounded at the terrible battles of Pope's retreat, the people of Boston and vicinity applied themselves with unparalleled alacrity to the collection of supplies of all kinds which might be wanted in such an emergency. Twenty-seven physicians, with two assistants, left in the evening train for Washington, as volunteers, in answer to the summons of the morning, accompanied by an amount of medical and other supplies which had been got together in those few short hours, so large as almost to stagger belief. Of this delegation Dr.

Gay was appointed the chief, and to him was given authority for the distribution of these supplies. It is well worth putting on permanent record the fact that they amounted to "1,739 cases, making some 100 tons, besides others directed to the Sanitary Commission, at Washington, and many under the immediate supervision of Mr. Twitchell." A lasting memorial of the energy and humanity of the people of our old Commonwealth.

Dr. Gay gives a succinct account of the movements of his party, and the various circumstances which prevented the application of all the articles entrusted to them in the way in which it was originally intended to distribute them, and of the wise discretion with which they were finally disposed of, so as to do the most good. Finding it was impossible for the whole party to reach the scene of the recent battles, it was determined to make the best of their time in the Capital by visiting every hospital in the city, and seeing in person every Massachusetts soldier in them, inquiring into his particular wants and meeting them to the full measure of their ability. This was most effectually done, members of the party being detailed to each hospital; and in an appendix to the report we find the individual report of each visitor, with the name of every Massachusetts soldier in hospital at the time of visitation, the number of his regiment and the company, his wound or disease, and his condition, together with such remarks as the visitor saw fit to append. The whole make an interesting and valuable appendage to Dr. Gay's report, and present, in general, a very favorable view of the condition of the military hospitals of Washington at that time. An exception should be made in the case of the Fairfax Seminary Hospital, of which little could be learned, owing to the excessive courtesy of the surgeon in charge, which completely frustrated the design of the visit. We have heard of "bowing out" before, but rarely have we known so remarkable an instance of it. Drs. Buckingham and Thaxter's report of their visit is a model specimen of ingenious and elegant sarcasm.

Dr. Gay had the best opportunity of judging of the operations of the Sanitary Commission, and we cannot refrain from quoting from his testimony in favor of its usefulness. Dr. Gay says:—

"What I saw of the practical working of this association, at Washington and its neighborhood, demands that a few words should be said in relation to it.

"The operations of its different departments are on an immense scale. The officers, executive and others, seem to have fully comprehended the magnitude of the field for their labor. Systematized, disciplined, and with a head, their movements proceed as with a knowledge of what was to be done, and of the material to do with.

"The amount of actual benefit and comfort to the wounded soldier, to the sick soldier, and to the destitute soldier, since the war commenced, would, if known, be truly enormous, and a thing unheard of in all previous wars. It was not an unusual thing to see surgeons, chaplains, and others, make application for the relief of whole regiments, companies, and for individuals; and on making the requisition over to Mr. Knapp, he would immediately issue the various articles, and in frequent instances would transport them in their own wagons. By application of proper persons, at proper places, nearly all wants could be supplied. What they have, they give freely; what they have not, they will try to get.

"The degree of suffering to our soldiers, if this association were contracted in its means and limited in its facilities, would be wholly incalculable.

"Willingly are its benefits bestowed upon all. The States, one and all, are therefore interested in its active continuance. Contributions constantly and

freely will be needed, in money and whatever may alleviate the hardships of a soldier's life, whether on the battle-field, in camp, or in the hospital.

"There was no way for me to get, without delay, transportation for the articles needed by the 1st Massachusetts regiment. On talking with Mr. Knapp, he promptly and without hesitation sent them in two of their own wagons.

"It was a gratification to Drs. Buckingham, Thaxter, and myself, to witness the feelings of the soldiers as they saw the wagons come up. Many said, 'God bless the ladies and all who remember us.'

"With this knowledge of the doings of this body, I felt nothing better could be done with our goods, after we had drawn all we needed and given an order to supply any wants of Dr. Ellis, than to divide the remainder between this Commission and the younger but excellent Association for the relief of Massachusetts soldiers.

"It is perfectly safe to say that the Sanitary Commission have been, and will be, good managers. Give largely to them, for our soldiers will need largely. Spread freely and widely the knowledge of this charity among our soldiers, so that they may feel that if they will only ask they will receive."

In addition to the visits to the hospitals, visits were made to the camps of the 1st, 11th and 16th Massachusetts regiments, which were found in the greatest destitution, the wants of all being the same; namely, a supply of shirts, socks, drawers and shoes. All of these articles, with the exception of shoes, were supplied from the stores in charge of Dr. Gay, and arrangements were made for finding out, and aiding in a similar way, the 13th regiment. Dr. Gay sums up his account of his stewardship as follows:—

"As to the disposition of the many and various contributions, it will be seen that two wagon loads of assorted articles were sent to the battle-field on the evening of Sept. 3d, the day of their arrival; on the next day, Sept. 4th, Dr. Jenkins had the distribution of a much larger quantity; on Sept. 5th, 6th and 7th, the soldiers in the different hospitals received their supplies; on the 5th, also, are recorded the receipts of Mayor Wightman; on the 6th, the Massachusetts 1st Regiment, in camp, had two wagon loads, and the 11th and 16th Massachusetts Regiments were to have their supplies. The remainder of the goods was to be given to Dr. Ellis, who was to remain in Washington, the Sanitary Commission, and the Association for the Relief of Massachusetts Soldiers."

Dr. Gay gives due credit to the many ready hands which assisted him in carrying out the objects of the expedition, mentioning with special commendation Mr. John S. Blatchford, the Secretary of the delegation, for his very efficient aid in arranging the various reports of the different members of the delegation, and in the final distribution of the various parcels to the soldiers—the various gentlemen connected with the railroads, expresses, &c., the committee of Ward 4, the policemen of Boston, detailed by the Mayor to accompany the party to Washington—the Government officers at Washington—in short, all who were properly associated with the expedition. All seem to have been animated by but one purpose, that of doing in the speediest and most efficient manner possible, all in their power to relieve the sufferings of those who needed it so much.

We have followed Dr. Gay's interesting report to its close; but we cannot conclude without recurring to the subject of the ambulance system, which calls so loudly for reform, or rather for creation. Dr. Gay introduces Dr. Bowditch's communication upon this subject to the Boston Society for Medical Improvement, which we published some weeks since, and also a report by Dr. Stedman, who was with the train which Dr. Bowditch accompanied. We copy the following extracts from Dr. Stedman's report, as they give the fullest confirmation of the entire accuracy of Dr. Bowditch's statements.

"At 10 o'clock, Sept. 5, 1862, a message came to 'Willard's,' in Washington, from Surgeon-General Hammond, that two surgeons were much needed at a spot between Fairfax Court House and Centreville, where many soldiers lay wounded and starving. Dr. Bowditch and myself immediately volunteered our services, and at 11, P.M., we started in a train of fifty ambulances for the scene of suffering. The distance to be travelled was about twenty-two miles. The halts on the way were numerous, and some were prolonged most unnecessarily, as it seemed to us. The horses were stout, the weather cool till after sunrise, and then warm, but the heat not exhausting. At the end of the journey we were to find men dying from starvation and neglect of surgical attendance; and yet the horses must be allowed to walk a great portion of the way, and be watered every few miles, while the freight of each wagon was light. Beyond all example, the driver of the ambulance, in which it was my lot to ride, was the most vulgar, ignorant and profane man I ever came in contact with. But in contrast with him, the driver of the ambulance in which I returned was one of the most humane men. He had been a soldier in the regular army for nine years—had been wounded in one of our earliest battles, and since his recovery had been employed as Government teamster. On the wagon-master's command to him to drive faster, and keep up with the ambulances ahead of ours, he remonstrated, saying the men in his wagon were suffering intolerably already, and he did not intend to make them suffer more if he could prevent it. His expressions of sympathy were frequent, and doubtless afforded some consolation to the wounded. One or two other drivers, who came under my notice, behaved themselves with becoming humanity and gentleness in their assistance of the sufferers; though, as a body, these drivers were such as would disgrace, it may be, any menials ever sent out to the aid of the sick and wounded. The wagon-masters themselves, of whom we expected better things, were not overborne, apparently, by any deep sentiments of compassion for the sufferers. I noticed that in going to the battlefield they took no pains to hasten on the train. On the contrary, as before said, the halts were too frequent and prolonged. But in returning, though admonished by the groans of the soldiers, which were continuous from one end of the train to the other, they often urged the teamsters to drive faster. \* \* \* \* \*

"In the afternoon, we loaded the ambulances with the wounded, and at 4½ o'clock started for Washington, which, after a night of horror, made such by the cries and groans of the sufferers, the drunkenness, profanity and inhumanity of the drivers, we reached about four o'clock the next morning. The men were deposited in the various hospitals in the city, and at noon I found some of them, those two especially upon whom I had operated, contented and cheerful as possible under the circumstances.

"I shall never forget the anxiety with which I watched for the safety of those two men. But one ligature had been required in securing the artery in the thigh. Suppose from the constant jolting of the wagon, or from any other cause, that ligature should have come off; or that such should have been the case with the man whose arm had been lost, how could life have been saved? No one ambulance would have been allowed to stop, as the whole train would have then been compelled to wait, and the sufferings of all the other wounded would have been increased or prolonged. Thank Heaven, no such accident occurred, and I hope no one was permanently afflicted by this sad journey."

Need anything more be said to rouse the community to an imperative demand that such outrages shall be at once and forever put an end to?

MR. EDITOR,—During a two or three years residence with a subscriber of yours in Mississippi, I frequently observed his application of minor details in treatment derived from those short paragraphs to which so much space is given in your pages, and which I doubt not contributed largely to his more than ordinary success.

Encouraged by the readiness with which you receive the smallest trifle that may contribute to successful treatment, I beg leave to



offer the following suggestions upon a subject already treated of in your pages. Very respectfully, &c.,

*Boston, Oct. 24, 1862.*

AN EX-SOUTHERN APOTHECARY.

Scraped lint is rarely, if ever, necessary, where unmanufactured cotton can be had and properly treated. Take the cotton fresh from the pod if you can, wet it, press it dry, pick it until loose and free from knots, when you will have a better absorbent than lint, oakum or tow, and one that in the Southern States is free of all objections.

Prepared by shaking the water out, instead of pressing, it is a better application than the slippery elm poultice, especially in hot climates, where that substance is liable to change; and this is, also, in expert hands, often the best way of preparing it as a substitute for the sponge.

BOSTON DISPENSARY—STATISTICS FOR THE YEAR ENDING OCT. 1ST, 1862.

NEW PATIENTS.

<i>Central Office.</i>			<i>Districts.</i>		
<i>Medical</i> —Men, - - -	1,349		Men, - - -	1,237	
Women, - - -	3,360		Women, - - -	3,563	
Children, - - -	2,498		Children, - - -	4,769	
Total, - - -	7,207		Total, - - -	9,569	
<i>Surgical</i> —Men, - - -	889		<i>Central Office and Districts.</i>		
Women, - - -	1,138		Men, - - -	3,475	
Children, - - -	1,289		Women, - - -	8,061	
Total, - - -	3,316		Children, - - -	8,556	
<i>Medical and Surgical</i> —Total,	10,523		Total, - - -	20,092	

OLD AND NEW PATIENTS.

<i>Central Office</i> —Medical, - - -	16,417
" " Surgical, - - -	7,433
Total, - - -	23,850
Average daily attendance, - - -	77
<i>Districts</i> —Births, - - -	279
" Deaths, - - -	306

NEW PATIENTS.

<i>District.</i>	<i>Physician.</i>		<i>District.</i>	<i>Physician.</i>	
1.	Charles C. Street,	1,596	6.	John G. Blake,	825
2.	John W. Hinckley,	407	7.	Thomas H. Hoskins,	1,008
3.	John Stearns, Jr.,	1,514	8.	Robert Provan,	1,045
4.	Henry L. Shaw,	1,558			
5.	Howard F. Damon,	1,616	Total,		9,569
Total number of prescriptions,					41,000

HOWARD F. DAMON, M.D., *Superintendent.*

AN esteemed professional friend, occupying a responsible post in the Army, in a private letter to us says:—

"Pitch into the ambulance system. Ambulances are awful things to ride in, any way, sick or well. Cannot the universal Yankee genius devise something better? We are trying stretchers on either side of a horse or mule. ('Mule ambulance' is the name given them, but it don't describe the thing.) There is too much motion. Nothing is so good as the hand stretcher, when it can be used."

VOL. LXVII.—No. 14B

**SORE THROAT AND HOARSENESS.**—The *Journal des Connaissances Médicales* publishes some curious remarks, by Dr. Caffé, on hoarseness. A sore throat, having its seat in the larynx, is often followed by a partial loss of voice, which it is very difficult to remove. Singers and public orators are frequently attacked with sudden and obstinate hoarseness. When Napoleon I. returned from Elba, he was seized with this affection but a few hours before he had to reply to the harangue of the municipality of Lyons. His physician, Dr. Fourreau de Beauregard, prescribed the following potion: Liquid ammonia, 10 drops; syrup of Crysimum, 45 grammes; infusion of blossoms of the lime tree, 90 grammes. (To be taken in one draught.) It produced the desired effect immediately, and was afterwards known by the name of "Imperial potion." The late Dr. Bennati, of Paris, physician to the Italian Theatre, who himself possessed one of the finest voices known, and lost his life in consequence of injuries received from an unmanageable horse, used to prescribe the following gargle for hoarseness:—Water, 250 grammes; alum, 6 grammes; diacodon syrup, 60 grammes. (To be used every half hour.)

Dr. Bennati's voice was so remarkable that Professor Magendie requested Dr. Caffé, who had dissected the body, to favor him with his larynx, which he subsequently made the subject of one of his best lectures at the Collège de France. A lady, on the other hand, had one of his teeth set in a ring, which she constantly wore ever afterwards. Bennati's skull was deficient in diploe, and the external table was therefore all one with the internal one; its structure was foliaceous, an anatomical arrangement common to all singing birds, and the cause probably of the numerous fractures of skull which led to his death. When a public man is affected with sudden hoarseness just at a time when he *must* speak, the impediment may be removed by the application of a mustard plaster around the neck, and another at the base of the breast. In chronic hoarseness, Dr. Graves recommends a gargle composed of 3 grammes of tincture of Guinea pepper, and 145 of a decoction of bark, to be used five or six times a day; at the same time the front part of the neck is frequently rubbed with the following liniment:—Camphorated oil, 24 grammes; croton oil, 8 grammes. Of this compound, 6 grammes are to be used daily, until a confluent eruption is produced, when it is suspended until after desquamation. The drinking or the inhalation of the effluvia of sulphureous springs is also useful.—*Paris Correspondence of the British American Journal.*

**HOSPITALS IN GEORGETOWN, D. C.**—There are six in the city, viz.:—The Seminary (for sick and wounded officers), the Union Hotel, the Warehouse, Georgetown College, the Presbyterian Church, and the Methodist Church, the latter having been opened on the 10th ult. These hospitals are under the supervision of Dr. B. A. Clements, U.S.A. Dr. Hinkle, U.S.N., has now assumed the control of the Seminary Hospital, in lieu of Dr. J. F. Kennedy, who has recently resigned on account of ill health. Dr. B. Knickerbocker, U.S.A., has assumed the charge of the Presbyterian Church Hospital in place of Dr. L. M. Emanuel, assigned to his regiment. With the exception of one or two typhoid cases there is no severe sickness now in this hospital, which is one of the best in Georgetown. This is due to the excellent condition in which the hospital is kept by the officers in charge. The assistants are Drs. Rowland and Good, and Medical Cadets Hannen and

Hyde. Oct. 10th, the number of patients in this hospital, including convalescents, was about 150.

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INOCULATION WITH STRAW FUNGI.—In Nos. 25 and 26 of the last volume of this Journal, appeared an article by Dr. Salisbury, of Newark, Ohio, containing an account of certain interesting experiments with the fungi of wheat straw. These experiments were instituted on account of previous observation having shown that a disease like measles was sometimes caused by the inhalation of the dust or vapor from these fungi, and the experiments themselves showed that inoculation of the human system with the spores or cells of wheat and rye straw fungi produced an eruption which seemed to protect the system against the contagion of genuine measles on subsequent exposure. In the October number of the *American Journal of the Medical Sciences*, Dr. Salisbury has another article on the subject, in which he gives a detail of further experiments, testing the prophylactic virtues of this novel inoculation. In the Ohio State Reform Institution, measles made its appearance about the 30th of May last, and all the boys, 175 in number, were exposed. On the 6th of June, Dr. S., in company with Dr. Boerstler, inoculated twenty-six healthy lads who had never had the disease, with mould from wheat and rye straw grown in Dr. S.'s office. Twelve boys were then recovering from the disease and six were sick in bed. In all of the inoculated, the blotch made its appearance on or before the 9th, some having red lines radiating from the wound, and others not. In four, eruption occurred, and several had headache, cough, coryza and lassitude, but all were well by the 24th, no effect having followed their exposure to the contagion of measles.

Dr. Salisbury states that he is preparing for the press an account of additional experiments connected with fermentation, decay and fungoid development, which will be looked for with much interest by the profession.

---

NEW YORK OPHTHALMIC SCHOOL.—Dr. Mark Stephenson delivered the introductory to his *eleventh course* of lectures on the diseases of the eye, at the New York Ophthalmic Hospital, corner of Fourth Avenue and 28th Street, on the 24th ult., to a large and attentive audience composed of physicians and medical pupils in the city. He commenced by welcoming the students to the New York Ophthalmic Hospital, and added he was happy to announce to them that the institution in whose behalf he appealed was never in a more prosperous condition than at the present time, averaging a thousand patients per annum, and numbering over 300 graduates since its organization in 1852, 85 of whom were M.D.'s. He proceeded to lay down very precisely the special duties of the ophthalmic surgeon, and urged upon his hearers the great importance to every physician of a thorough scientific knowledge of the diseases of the eye and their treatment. In conclusion, he urged them to think nobly of their profession, remembering that its end is beneficent, its studies elevating, its ministrations an exercise of the best qualities. To excel in it is worthy of all one's aspirations and energies, but requiring mental and moral discipline, patient and persevering labor.

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ANNUAL MEETING OF THE MASSACHUSETTS MEDICAL BENEVOLENT SOCIETY.—This Society held its annual meeting last week at the rooms of

the Massachusetts Medical Society. The Treasurer submitted his annual report, by which it appeared that the receipts of the Society during the year were \$2,862.35, and the expenses \$33.05. The Treasurer announced that the Society had received from the executors of the will of the late Miss Mary P. Townsend the sum of \$500. The following officers were elected for the ensuing year:—*President*, Dr. George Hayward; *Vice President*, Dr. A. A. Gould; *Secretary*, Dr. J. N. Borland; *Treasurer*, Dr. F. Minot; *Trustees*, Dr. John Homans of Boston, Dr. Anson Hooker of East Cambridge, Dr. George Hayward of Boston, Dr. P. M. Crane of East Boston, Dr. R. M. Hodges of Boston, Dr. B. E. Cotting of Roxbury, Dr. S. L. Abbot of Boston, Dr. J. B. Forsyth of Chelsea, Dr. J. P. Reynolds of Boston.

**TWO REMEDIES FOR PRURITUS ANI.**—At an informal meeting of several physicians of this city, a few evenings since, the following remedies were incidentally mentioned by gentlemen present, as having been very successful in their hands, in the treatment of this troublesome complaint:—*R.* Acid. hydrocyan., f3ss.; hydrarg. chlorid., gr. i.; misturæ amygdalæ, f3ij. *M.* *R.* Unguent. hydrarg. nitrat. fort.

**DR. WM. WARREN GREENE**, of Maine, has accepted a professorship in Berkshire Medical College. During the present term Prof. G. gives the course upon Theory and Practice, and also during the last half of the term fills the chair of Clinical Surgery.

**DR. HENRY H. SMITH**, Surgeon-General of the State of Pennsylvania, after seventeen months of active service, has resigned his office, and has been succeeded by Dr. John King, of Pittsburg.

**Surgeon I. F. GALLOUPE**, 17th Mass. Vols., has been placed on temporary duty in the city of Washington, while awaiting examination for appointment in the corps of Volunteer Surgeons.

It is in contemplation to erect a new General Hospital at Evansville, Indiana, the plans for which have been submitted to the Quartermaster-General.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, NOVEMBER 1st, 1862.

##### DEATHS.

	Males.	Females	Total.
Deaths during the week, . . . . .	32	27	59
Average Mortality of the corresponding weeks of the ten years, 1851-1861, . . . . .	34.0	33.8	67.8
Average corrected to increased population, . . . . .	..	..	74.75
Deaths of persons above 90, . . . . .	..	0	0

##### Mortality from Prevaling Diseases.

Phthisia.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Varicella.	Dysentery.	Typ. Fev.	Diphtheria.
11	3	2	1	5	0	1	3	1

**COMMUNICATIONS RECEIVED.**—Excision of a large Uterine Polypus. By S. Fitch, M.D., Portland, Me.—Report of Cases in the Academy Hospital at Newbern, N. C. By George Derby, M.D., of Boston.—Case of Poisoning by *Cannabis Indica*. By Francis Browne, M.D., Cambridge.—Paris Medical Men and their Charges, &c. By Joseph Comstock, M.D., Lebanon, Conn.—Case of Prolonged Menstruation.

**DIED.**—In South Danvers, Oct. 29th, Dr. Samuel A. Lord, 40 years 8 months—son of Rev. Dr. Lord, President of Dartmouth College.

**DEATHS IN BOSTON** for the week ending Saturday noon, November 1st, 59. Males, 32—Females, 27. Accident, 1—apoplexy, 1—Inflammation of the brain, 1—bronchitis, 1—cancer (of the uterus), 1—cholera Infantum, 3—consumption, 11—croup, 2—diarrhoea, 3—diphtheria, 1—dropsy, 1—dropsy of the brain, 2—drowned, 1—dysentery, 1—scarlet fever, 1—typhoid fever, 3—disease of the heart, 2—homicide, 1—infantile disease, 1—intemperance, 4—congestion of the lungs, 1—Inflammation of the lungs, 5—marasmus, 1—pleurisy, 1—premature birth, 3—purpura hæmorrhagica, 1—scirrhus, 1—tumor (of uterus), 1—unknown, 1—varioid, 1.

Under 5 years of age, 21—between 5 and 20 years, 6—between 20 and 40 years, 13—between 40 and 60 years, 14—above 60 years, 5. Born in the United States, 36—Ireland, 14—other places, 9.

# PHARMACEUTICAL GRANULES AND DRAGEES

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	U. S. P.		U. S. P.
Aloes and Myrrh,	grs. 4	Magnesia and Rhubarb, each	grs. 1
Compound Cathartic,	3	Quevenne's Iron, reduced by Hyd'n,	1
" "	1½	Cynoglosse,	1
Aloetic,	4	Proto-Iodide of Iron,	1
Assafœtida,	4	Lactate of Iron,	1
Aloes and Assafœtida,	4	Sulphate of Quinine,	1 & 2
Dinner, Lady Webster's,	3	Valerianate of Quinine,	1
Compound Calomel, Plummer's,	3	" of Zinc,	1
" " "	1½	" of Iron,	1
Blue Pills,	3	Citrate of Iron and Quinine,	2
Opium Pills,	1	" of Iron,	2
Calomel Pills,	2	Willow Charcoal,	2
Opium et Acet. Plumb., each	1	Diascordium,	2
Extract of Rhatany,	2	Anderson's Antibilious & Purgative,	2
Compound Rhubarb,	3	Extract of Gentian,	2
Compound Colocynth,	3	Iodide of Potassium,	2
Compound Squills,	4	Calcined Magnesia,	2
Dover Powders,	3	Rhubarb,	2
Carbonate Iron, Vallett's formula.		Ergot Powder, covered with sugar	
Carbonate of Manganese and Iron.		as soon as pulverized,	2
Kermes,	1-5	Phellandria Seed,	2
Santonine,	½	Washed Sulphur,	2
Bi-Carbonate of Soda,	4	S. N. Bismuth,	2
Meglin,	1	Tartrate Potassa and Iron,	2

## GRANULES.

*Of 1-50 of a grain each.*

Aconitine,	Morphine,
Arsenious Acid,	Strychnine,
Atropine,	Valerianate of Atropine,
Digitaline,	Veratrine.

*Of 1-5 of a grain each.*

Tartar Emetic,	Extract of Hyosciamus,
Codeine,	" of Ipecac,
Conicine,	" of Opium,
Extract of Belladonna,	Proto-Iodide of Mercury,

Lupuline,	gr. ½	Extract Rad. Aconite,	gr. ¼
Extract Nux Vomica,	½	Emetine,	¼
Veratrine,	1-24	Iodide Mercury,	¼
Sulphate of Morphine,	1-8	Valerianate Morphine,	1-8
Corrosive Sublimate,	1-12	Acetate Morphine,	1-8
Nitrate of Silver,	¼	Digitaline,	1-24
Extract of Hyosciamus,	½	Strychnine,	1-12

Colchicum (each granule equal to two drops of tincture.)

## DRAGEES.

Copaiba, pure solidified,	Cubebs, pure,
Copaiba and Cubebs,	Cubebs and Alum,
Copaiba, Cubebs and Citrate Iron,	Cubebs, Rhatany and Iron.

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Has removed to  
10 PARK SQUARE.  
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Nov. 6-4t.

**THE LOCUST-GROVE RETREAT, at Pepperell, Mass.**—The buildings recently erected on the old site of the late Dr. N. Cutler's Asylum, are now being fitted up for the reception of patients. The situation is a very desirable one, the buildings are commodious, and the rooms pleasant and convenient for the purpose. The town also is noted for its fine farms, pleasant drives, and picturesque scenery.

The Institution is designed for those persons whose intemperate indulgence in strong drinks renders a removal from their homes and ordinary associations desirable or necessary.

No pains will be spared to reclaim and restore them to their former position in society.

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## REFERENCES.

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Hon. C. W. Bellows, Col. S. P. Shattuck,  
Charles Tarbell, Esq., Hon. A. Hutchinson,

## of Pepperell.

Winslow Lewis, M.D., 75 Boylston st., Boston,  
A. Emerson, Esq., 2 Spring Lane. "  
John E. Tyler, M.D., Sup't McLean Asylum,  
July 24, 1832—1f [Somerville]

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N. B.—This is not the Concentrated Water which has been sold for some time past, but the Natural Water as taken from the spring.

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This method of treating sore nipples has been tried very successfully by many physicians in Boston and vicinity, among whom are Drs. Walter Channing, John Homans, Chas. G. Putnam, Chas. D. Homans, Boston; Drs. Sewall F. Archer, D. V. Folts, East Boston; and Dr. T. R. Nute, Roxbury—to whom Mr. Parker is allowed to refer.

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May 22—1y\*

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## REFERENCES.

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**NEW WORK ON DISEASES OF THE EYE.**—A Practical Guide to the study of Diseases of the Eye: their Medical and Surgical Treatment. By HENRY W. WILLIAMS, M.D. The author has endeavored to present a concise and serviceable description of these diseases; simplifying their classification; and avoiding, as much as possible, the numerous technical terms which have seemed to render a knowledge of these diseases a difficult acquisition to the general practitioner.

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May 29—1f

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March 21

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY  
SAMUEL L. ABBOT, M.D.

Whole No. 1811.] Thursday, Nov. 13, 1862. [Vol. LXVII. No. 15.

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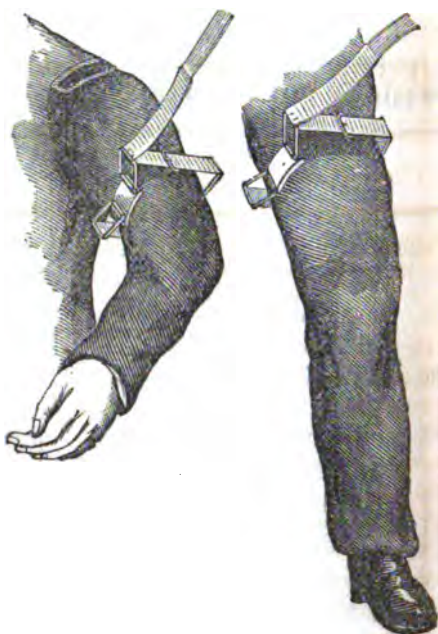
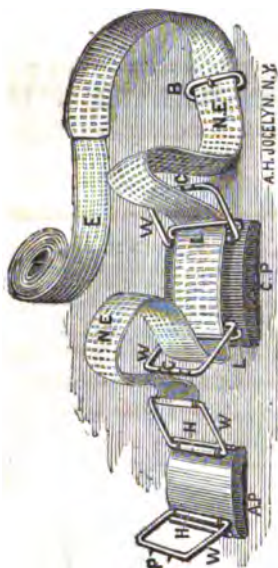
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PARIS MEDICAL MEN AND THEIR CHARGES. SIR BENJ. C. BRODIE.  
NERVOUS IRRITABILITY. DR. ABERCROMBIE. HYDROCELE.

[Communicated for the Boston Medical and Surgical Journal.]

SAMUEL G. GOODRICH, ESQ., U. S. Consul at Paris in 1851, gave me the following history of his own case, and other medical matters, which interested me very much, as I trust it may your other readers. Mr. Goodrich published, as an author, one hundred and seventy volumes, a number of them under the fictitious title of Peter Parley, and says:—

“In the midst of these labors—that is, in the spring of 1832—I was suddenly attacked with symptoms, which seemed to indicate a disease of the heart, rapidly advancing to a fatal termination. In the course of a fortnight I was so reduced as not to be able to mount a pair of stairs without help, and a short walk produced palpitations of the heart, which in several instances deprived me of consciousness. There seemed no hope but in turning my back upon my business, and seeking a total change of scene and climate. In May I embarked for England, and after a few weeks reached Paris. I here applied to Baron Larroque, who, assisted by L’Herminier—both eminent specialists in diseases of the heart—subjected me to various experiments, but without the slightest advantage. At this period I was obliged to be carried up stairs, and never ventured to walk or ride alone, being constantly subject to nervous spasms, which often brought me to the verge of suffocation. Despairing of relief here, I returned to London, and was carefully examined by Sir B. C. Brodie. He declared that I had no organic disease, that my difficulty was nervous irritability, and that, whereas the French physicians had interdicted wine and required me to live on a light vegetable diet, I must feed well upon roast beef, and take two generous glasses of port with my dinner! Thus encouraged, I passed on to Edinburgh, where I consulted Abercrombie, then at the height of his fame. He confirmed the views of Dr. Brodie, in the main, and, regarding the irregularities of my vital organs as merely functional, still told me that, without shortening my life, they would

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probably never be wholly removed. He told me of an instance in which a patient of his, who, having been called upon to testify before the committee of the House of Commons in the trial of Warren Hastings, from embarrassment had been seized with palpitation of the heart, which continued to his death, many years after. Even this sombre view of my case was then a relief.

"Four-and-twenty years have passed since that period, and, thus far, my experience has verified Dr. Abercrombie's prediction. These nervous attacks pursue me to this day, yet I have become familiar with them only as troublesome visitors; I receive them patiently, and bow them out as gently as I can."

Mr. Goodrich's note to the above contains so much sound sense and medical philosophy, that I copy it entire. He says:—

"I make this statement, chiefly, because I think it may be useful to persons, who, like myself, have abused their constitutions by sedentary habits and excessive mental labor, and who consequently are afflicted with nervous attacks, putting on the semblance of organic diseases of the heart.

"Not long since I met with an old friend, a physician, who had abandoned his profession for authorship: with a dejected countenance he told me he was sinking under a disease of the heart! I inquired his symptoms, which corresponded with my own. I related to him my experience. A few days after I met him again, and saw by his cheerful face that I had cured him. I give this prescription, gratis, to all my literary friends: let them beware of overtasking the brain; but if they do make this mistake, let them not lay the consequent irregularities of the vital organs to the heart. In nine cases out of ten they belong to the head—to the nervous system—which centres in the brain. Get that right by bodily exercise, by cheerful intercourse with friends, by a conscience void of offence, by generous living, by early rising and early going to bed, and by considering that the body will always take vengeance upon the mind, if the latter is permitted to abuse the former."

In relation to the French physicians, Mr. Goodrich thinks ours quite their equals; also, that the Anglo-Saxon race will find their own medical men better adapted to treat the diseases of their own race, than the Gallic. This was very decidedly the fact in his case. And he further observes, that "There is, no doubt, great science in the medical and surgical profession in Paris; but there are two things to be suggested to those who go there for advice. In the first place, these practitioners are very daring in their treatment of strangers; and in the next, their charges to foreigners are about double the ordinary rates." Of this he relates the following interesting case in confirmation, and says:—

"While I was in Paris, a very wealthy and rather aged gentleman from Virginia consulted an eminent surgeon there, as to hydrocele. An operation was recommended and performed, entirely against the advice of a Virginia physician, who chanced to be in Paris and was

consulted. In thirty days the gentleman died. He had intrusted his affairs to me, and I paid his bills. The charge of the surgeon was five thousand francs! The bills of the nurses, hotels, attendants, &c., were of a similar character. A young physician, who had been employed fourteen days as a nurse, estimated his services at fifteen hundred francs! I make these remarks, that my countrymen going to Paris for medical or surgical advice, may be duly warned against placing themselves in the hands of rash, unprincipled practitioners. A great name in Paris is by no means a guarantee of that care, prudence and conscientiousness, which belong to the physician at home."

Mr. Goodrich's remarks upon nervous irritability, &c., put me in mind of a case to which I was myself called not many years past. It was that of a physician, a very close and profound student, whose many publications are well and extensively known and appreciated. He was laboring under what he termed and considered palpitation of the heart. My first prescription was chloroform, the maximum dose not to exceed sixteen drops; which he took with immediate relief, and expressed his wonder that he had not thought of the same remedy himself.

JOSEPH COMSTOCK, M.D.

*Lebanon, Conn., Oct., 1862.*

P. S. This is perhaps from the oldest living writer of your Journal. I was 85, the second day of January last, and write this without spectacles, which I have never used.

J. C.

#### CASE OF POISONING BY CANNABIS INDICA.

By FRANCIS H. BROWN, M.D., CAMBRIDGE.

[Communicated for the Boston Medical and Surgical Journal.]

On the 11th of April last, I was called to see C. C., a druggist's clerk, who had been experimenting with Indian hemp. About 4, P.M., he had taken half a grain of extract *cannabis Indicæ*; at 4½, half a grain more; at 4¾, one grain more; at 5, two grains; and at 5½, still again, two grains—in all, six grains of the solid extract. Took tea, as usual, about 6½.

At 7½, noticed that he felt somewhat nervous and dizzy, and that he gave wrong change to a customer. A few minutes after, when out on an errand, felt an irresistible inclination to run; at the same time a sense of "contraction" of entire genito-urinary organs and great desire to urinate, with much strangury on passing water; also excessive dryness of fauces, coming on suddenly and with much thirst. On returning to his place of business, patient found it impossible to keep still, on account of an irresistible desire to be constantly on his feet. At this point I first saw him—found him walking, at a quick pace, almost on his toes, round a room about eight feet square. Within a few minutes spasms supervened, during which, at times, the flexors and extensors, at times the abductors and adductors of

the whole body, were thrown into violent alternate action. While sitting in a chair, one minute his feet would beat a tattoo on the floor; and the next, his knees beat violently together. The spasms increased in severity and frequency for half an hour, and then gradually diminished, after emesis had been induced. Patient could, by strong exercise of his will, restrain the spasms; but, on fresh access, they were much more violent. They were unaccompanied by pain; but, after a time, he experienced a sense of weariness, as after the spasms of tetanus.

Patient describes his mind as being "dull" and somewhat confused, but says, that, at no time, did he lose consciousness in any degree. At no time any delirium. At but one time did he experience any mental disturbance, when he thought the vomitus was the head of a hippopotamus, and again a bunch of earth worms. He noticed that, if anything ludicrous were said or done, or any idea suggested, which required more than the most common exercise of mind, the spasms were considerably intensified.

The senses of seeing and feeling were somewhat diminished; other senses perfect. Had tinnitus aurium. Pupils unchanged at any time; conjunctivæ much congested. Pulse, at 8½, about 140, somewhat irregular in character and frequency. At 10, pulse 90. Patient got an active emetic, which caused vomiting of ingesta, having the odor of Indian hemp.

The symptoms lasted, in severity, about an hour; then gradually diminished. Had a few more spasms during the night, but not severe. Twenty-four hours later, the desire for constant motion and an occasional slight spasm persisted; but these soon passed away, and the patient was well.

*October 30th, 1862.*

#### SURGICAL OPERATIONS AT THE GENERAL HOSPITAL AT NEWBERN, N. C.

[Communicated for the Boston Medical and Surgical Journal.]

*Academy Hospital, Newbern, N. C., Oct. 20th, 1862.*

MR. EDITOR,—I send you a contribution to the surgical history of the war, in the form of a tabular statement of operations and their results, from March 19th to October 1st, at this General Hospital, of which I have been in charge during the whole period. I include in this statement operations done on the field when the patients were immediately afterwards brought into hospital.

*Amputation of Thigh.*—Primary, 5; with 4 recoveries.

Secondary, 2; " no "

*Amputation of Leg.*—Primary, 3; with 3 recoveries.

Secondary, 4; " 3 "

*Amputation of Arm.*—Primary, 7; with 5 recoveries.

Secondary, 1; " no "

*Amputation of Forearm.*—Primary, 1; with 1 recovery.

*Amputation of Shoulder-joint.*—Primary, 1; with no recovery.

*Resection of Humerus* (three inches of shaft).—Secondary, 1; with 1 recovery.

Amputations of fingers and toes, and minor operations generally, I have not included. They have done well. The shoulder-joint and two of the arm-amputation cases died from pyæmia at about the eighth day. The only case of primary thigh amputation in which death ensued was, up to the twenty-first day, among the most promising in the hospital. At that time the femoral artery gave way from an unusual effort made by the patient.

I may also mention (though not in connection with the General Hospital), a case in which, four weeks ago, I resected the shoulder-joint and three inches of shaft of humerus in a patient at the regimental hospital of the 3d N. Y. Cavalry. Three weeks previous to the operation, a Minié ball had passed directly through the joint, comminuting the glenoid cavity, the head and three inches of the shaft of the humerus. This case has done perfectly well, and the man will doubtless recover, with an arm shortened about three inches. The degree of motion in the false joint remains to be proved.

You will observe the disparity, in accordance with what McLeod and others have told us, between recoveries from primary and secondary operations. I feel well assured that when life is to be saved by operation on the severely wounded, it must be on the field of battle, and not after inflammation has been set up.

With regard to the necessity for operation after severe gun-shot wounds, the impression which I have received is that the effort to save limbs, conservative surgery (always excepting resections of the upper extremity), is generally followed by a sacrifice of life. With the same cases again presented, which have passed through my hands during the past seven months, I should operate more frequently. I venture to observe, also, that I believe the use of sutures is a constant source of irritation, and a frequent cause of pyæmia. I have recently given them up almost entirely in amputations, relying upon liberal flaps, and moulding the stump with adhesive straps.

Oakum, as an absorbent of discharges from gun-shot wounds, as recommended in the Journal, I find of great convenience.

Very truly yours, GEORGE DERBY,  
*Surg. 23d Mass. Vols., and Post Surgeon.*

P. S.—In two cases of delirium tremens which have been recently brought to my notice, I suggested the use of strong coffee, which I remember to have heard recommended by Dr. Cabot. In both it was perfectly successful, sleep following its exhibition in a few hours. It seems paradoxical. But may not the nervous system thus be safely reinforced and brought up to sleeping point? In so far as two cases are of value, I report the facts.

G. D.

## PLASTIC OPERATION ON THE PALATE.

BY CHARLES GAINÉ, ESQ., M.R.C.S.

I WAS consulted by a gentleman on the 3d of May, 1862, with regard to the extraction of some loose and carious teeth in the lower jaw. As soon as he spoke I observed the characteristic nasal "snuffle" indicative of defective palate. This, however, I did not inquire into until the necessary operations on the lower jaw were completed, when, upon rinsing his mouth, I saw a quantity of sanious-colored water issue from the right nostril. I immediately requested him to allow me to examine the roof of his mouth, which he at once acceded to. I there found a sinus nearly three-fourths of an inch long, extending from before backwards, in a line with the process of the palatal fang of the first molar tooth, and about half an inch from the raphé; the bone on either side of the opening somewhat hypertrophied.

Upon inquiring into the history of the case, it appeared my patient had, while travelling in the East in 1853, suffered much from severe toothache on the right side of his mouth. He embraced the first opportunity of getting the first molar and second bicuspid in the upper jaw extracted, not, however, before suppurative inflammation of the periosteum had set in and involved the antrum, an opening into which was made through the alveolar process of the first molar tooth, in order to evacuate pus, a discharge of which was kept up through the opening, together with exfoliation of small pieces of necrosed bone, for a period of nearly two years, when it ceased, and an attempt was made to close the opening by approximating the edges, which failed.

Upon his arrival in England he consulted an old medical friend, who again operated, but with a like result; and from that time (1856) till now, all operative interference was abandoned as useless. I expressed a willingness to try an operation myself, explaining the nature of it to my patient, at the same time cautioning him not to be too sanguine as to the probability of a successful issue. He thought the plan suggested feasible, and at once consented to give it a trial. Accordingly on the following Tuesday (May 6th), I proceeded to perform a plastic operation to cover the opening.

An incision was made corresponding with the length of the fissure, about two lines on the right side of the raphé, also two angular incisions from each end of the longitudinal cut to each extremity of the sinus. This was then reflected outwards to the edge of the fissure, and divided at each end, leaving only a pedicle in the centre, connecting it with the palate. The outer edge of the opening was then pared, and the flap formed from the palate, twisted upon itself, so as to bring the epithelial surface outwards. The whole was then secured with silk sutures. Hæmorrhage having ceased, a temporary caoutchouc obturator, previously modelled to the mouth, with a vacuum over the cut surface, was worn for a few days, in order to prevent any foreign matter interfering with the process of union.

On the third day after the operation I removed four of the sutures, and on the fifth day the remainder. The wound may almost be said to have healed by adhesive inflammation, though some trifling amount of suppuration was set up in the part where the flap was dissected from, which, however, granulated healthily; and on the 26th of May the wound had healed, the aperture was effectually closed, all nasal snuffing entirely removed, and the patient enabled to swallow fluid without the slightest inconvenience—a boon he had been a stranger to for nine years.

*Remarks.*—I was induced to try a plastic operation in this case on account of the inelastic nature of the tissues covering the hard palate preventing the edges of the fissure properly approximating without very great tension, which was doubtless the cause of the two former operations failing. My chief doubt of a successful result by a plastic operation was the low vascularity of the tissue to be operated upon. This, however, did not tend in the least degree to retard the reparative process, which was complete at the end of a month. Casts of the mouth were then taken, and my patient supplied with a masticatory apparatus attached to an obturator covering the part where the sinus had been. He expressed himself highly gratified at the result, which was in every respect most satisfactory.

—*London Lancet*

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

Oct. 27th.—*Dislocation of a Rib from its Sternal Cartilage.*—Dr. MINOT reported the following case.

A laboring man, calling himself 66 years of age, but apparently much older, entered the hospital, Oct. 1st, having been struck in the breast by the shaft of a wagon, twelve days previously. Since that time he had had cough and expectoration of purulent mucus (but no hæmoptysis), dyspnoea and prostration. He admitted, after close questioning, that he had had some cough and expectoration before the accident, but called himself well. On entrance, he was somewhat prostrated, with a pulse of 96, frequent but not painful cough, and copious expectoration of purulent mucus. On placing the hand on the chest, a little to the left of the sternum, and causing the patient to cough, the fourth rib could be felt to detach itself from the cartilage with a strong jerk, and rise nearly an inch above it. This movement was accompanied with a sound which was audible to the bystanders. There was dulness on percussion, and loud bronchial respiration, with coarse crepitation in the lower two thirds of the left back, and a well-marked friction sound was heard three inches below the nipple on the same side. Some ægophony was also heard in the back. So far from being incommoded by his condition, the patient was not a little proud of it, and was anxious that all the students present should have an opportunity of feeling the movement of the rib while he coughed. The physical signs gradually diminished, the rib united to

the cartilage, and the patient improved daily. He was discharged well, Oct. 20th.

In this case there was evidently a circumscribed pleurisy at the lower part of the left chest. The condition of the lung was not so clearly ascertained. Dr. M. thought it probable that the lower lobe was congested, but not inflamed, as the characteristic sputa of pneumonia were wanting.

OCT. 27th.—*Letter from M. Bouisson, of Montpellier, France, on the subject of Ether.*—Dr. HODGES read the following answer to the circular issued by the Ether Committee, which was just received, and which, he remarked, seemed worthy of notice, coming as it does from one of the earliest students of the subject of anæsthesia. M. Bouisson, soon after the general introduction of anæsthetic agents, published a large and elaborate memoir on their uses and effects, which to this day remains one of the most valuable we possess. Surrounded by influences calculated to prejudice him in favor of chloroform, it is pleasant to find a French surgeon acknowledging the perfect security of ether, even though inclined occasionally to incur the dangers of an agent the treachery of which he recognizes, and of whose frequently fatal effects he is fully aware.

“MONTPELLIER, JUNE 25th, 1862.

“I have myself never seen any case in which sulphuric ether was productive of injury. After sixteen years of hospital practice, I persist in the opinion that anæsthesia effected by sulphuric ether is of a value which it is requitable to lose by the use of chloroform alone. In availing myself of artificial anæsthesia, I have adopted an eclectic practice, making use of ether in all those cases where I have reason to fear the insidious activity of chloroform. The necrology of the latter agent is, unfortunately, already overfreighted, and I am afraid that in employing it exclusively, the risk is run of depreciating the use of all anæsthetics. Such a risk cannot be alleged against ether, and although slow in its effects, the security which belongs to its exhibition ought to preserve its use in the practice of surgery. I. Bouisson.”

OCT. 27th.—*Abscess in the Liver.*—Dr. MINOR reported the following case.

A married woman, 40 years old, entered the hospital, Aug. 30th, with general anasarca, and much prostration, complaining of pain in every part of the body. The patient was very stupid, and very little account of her previous condition could be obtained. The urine contained no albumen. Sept. 5th, a tumor was felt deep in the right hypochondrium, which was very tender on pressure. The next day she had a chill, followed by great prostration, but was revived by stimulants. The tumor increased in size, and was excessively tender. Sept. 23d, it felt as big as an infant's head. By Oct. 1st it had reached the surface of the abdomen, and pointed, the most projecting part being on a line drawn through the left anterior superior spinous process of the ilium and the umbilicus, and 2½ inches above and to the right of the latter point. Dr. Townsend, who saw the patient in consultation, punctured the skin, and a quantity of thick, greenish, offensive pus escaped. The discharge continued till Oct. 11th, when it ceased. The tumor is greatly diminished in size, and the edge of the liver can be distinctly felt below it. The woman is now up and walking about. There has been no jaundice.

Dr. WARREN remarked on the rarity of idiopathic abscess of the liver in this part of the country. He had seen but a single case.



Oct. 27th.—*Fracture of Vertebra through the Arch.*—Dr. J. WYMAN exhibited two specimens of ununited fracture of the arch of the fifth lumbar vertebra. These were in addition to the four specimens described at a former meeting. Another specimen has been noticed by Dr. David W. Cheever, Demonstrator of Anatomy in the Massachusetts Medical College, making in all seven instances in the different collections of this vicinity. This fracture does not appear to have been described in the systematic works.

The lower lumbar vertebræ are especially liable to the accident in question, from two circumstances: 1st, from their peculiar structure; 2d, from the strain to which they are particularly exposed. The weakest part of the arch of a dorsal vertebra is its pedicle, and the strongest is on a line drawn between the upper articulating and the transverse processes. In the lumbar vertebræ, on the other hand, the pedicle becomes stronger, and in the fourth and fifth it is the strongest part of the arch. The weakest part is to be found on a line drawn between the lower articulating and the transverse processes, where the former with the spinous process are united with the rest of the bone by a narrow neck, which in some subjects is very slender.

When the vertebral column is bent forcibly backwards, the arch is strained in consequence of the spinous processes coming in contact, and is most liable to give way at the neck which has just been described. Those gymnastic exercises in which the body rests on a bar under the loins are favorable to the production of this injury.

The subjects from which the above specimens were taken were all from the dissecting room, and nothing is known of their history. The broken surfaces had all undergone the changes incident to fractures of long standing.

Dr. Wyman also exhibited a specimen of a second lumbar vertebra, both the lower articulations of which had been fractured near the middle, and remained ununited for a long time, as shown by the condition of the broken surfaces.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON: THURSDAY, NOVEMBER 13, 1862.

THE SURGEON-GENERAL has kindly permitted us to publish the following report on Military Surgery, by Dr. Gay. We are happy to state that this valuable and practical paper will be printed by the authority of the State. Copies will be sent to each of the Massachusetts Regiments, and also extensively distributed throughout the Army.

BOSTON, OCTOBER, 1862.

*To the Surgeon-General of Massachusetts.*

DEAR SIR,—Allow me to present a few statements bearing particularly upon the surgical treatment of the wounded, which have been at different times suggested from actual observation, and by the reports of reliable persons and of soldiers.

It is well known that many of the sick have suffered through neglect and injudicious management that could not altogether be excused on the ground of some military necessity, and that vast numbers of

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the wounded have passed through prolonged suffering, and received needless mutilation in consequence of operations, not only inopportune as to the time of performance, unnecessary from the degree, extent or locality of the injury, but also ill-judged, mainly from an absence of that consideration which was due to the pressure and influence of surrounding circumstances.

The immediate treatment, the first dressings of gun-shot and other wounds, meaning thereby the application of water, bandages, plaster and lint, are of very great importance; as at that time much may by a judicious course be accomplished and prevented, which at a later period may comparatively be of little avail. And, if some of these are improperly used, not only valuable time is lost to the soldier, but what was at first a trifling affair may be converted into a lingering and oftentimes dangerous sickness.

It may be generally stated, that this primary treatment should be as simple and easy to the patient as possible, as simple as the surrounding circumstances will allow.

The old dry dressing has been almost universally supplanted by the wet one, water alone, or with the addition of some other agent. So that, after a full examination of the wound and removal of the ball, clothing or any other remaining foreign substance, a compress of several folds of cloth, or a piece of spongio-pilee, soaked in water and then squeezed so as not to drip, and placed upon and in the immediate vicinity of the wound, will almost always be found to be the most agreeable and beneficial application. It will be well sometimes to place a dry compress over the wet one, large enough to somewhat overlap it. Care should be taken that the compress is not too heavy, and that the temperature of the water should be regulated by circumstances. If the parts, where the shock has been great, and reaction is tardy, and has not come on to a sufficient degree, are more or less cold and inactive, then the water should be tepid or warm, otherwise gangrene may be hastened where the vitality is too much lowered to bear the stimulus of the cold.

By a judicious management of these water dressings, the comfort of the patient is very essentially increased, by lessening irritation, inflammation and swelling. If the compresses become considerably heated, measures should be adopted to have the water renewed frequently. From neglect or other causes, the renewal of the water has been omitted, so that in many cases no change has been made for two, three or more days. In most instances, the patient himself, with proper directions, could apply the water. It will be seen from the above that stress has been laid upon fresh water only, especially because on the whole it will be found the most preferable and easily obtained, though sometimes it will be advantageous in some stages to use an aqueous solution of opium, laudanum, arnica, rum and water, and infusion of hops or poppies, or other agents.

There is no excuse for the additional pain and discomfort, from the dry, stiff, hard and wrinkled compress and bandage.

The bringing together of wounds immediately by adhesive plaster, over the spot of entrance and exit, is not advisable, and only in very exceptional cases will it be attended with good results. A few gun-shot wounds have looked as clean and almost as linear as pure incised wounds, and have united with the first dressing of plaster, without any discharge or sloughing.

Many gun-shot and other wounds, if let alone, will take care of themselves, and by this is meant that there are certain processes to be gone through with at the wound before cicatrization ; and all interference with nature must be avoided. She may be assisted in an individual case, but must not be opposed.

It is of great value to know when not to do, not to interfere, and when to act.

There can scarcely be a doubt that the expectant plan, in a great many traumatic lesions, will be followed with as favorable results as the same course in medical diseases.

Connected with the water or other dressings, is the bandage used to keep them in place. It is known that much additional suffering has been frequently caused by the bandage, either too tightly applied at first, or tightened by the subsequent swelling. Sufficient allowance has not been given for the swelling which comes on, at variable periods, after gun-shot or other wounds, of greater or less severity, sometimes almost immediately, sometimes not for hours or days, according to the degree, extent and locality of the injury, and the reactionary powers of the patient. The swelling may be confined to the superficial or deep portions of a locality, or to both at the same time. If the wound is superficial, the swelling is not generally great nor very painful ; but if the wound is deep, traversing a limb for instance, then the swelling involves the whole thickness of the limb, and is necessarily attended with more severe pain. The parts are tense and painful, from causes connected with the wound. If in this case a tight bandage is applied, as has been not unfrequently done, great needless suffering, irritation and inflammation are added. There has been altogether too much suffering of this kind. The soldier bears it as well as he can, supposing, of course, that it is wholly produced by the character of the wound.

The diversity of opinion, as to the question whether the wound should be enlarged by incision or not, may be traced to the circumstance of one surgeon finding relief occasionally in enlarging the original wound, where it and the swelling were merely superficial, while another surgeon has made an incision without any relief, because the swelling involved not only the superficial but deep regions. The external parts might have the painful tension removed by such an incision, but the benefit would not extend to the deep, swollen and constricted tissues.

To anticipate and avoid much of this unnecessary suffering, the bandage should be loosely applied, of just sufficient tightness to retain in place the necessary dressings. If a patient is to be removed any distance, and over a road where there will be much jolting, it must be applied more firmly, and full directions should be given to some one to examine and loosen it in some way, if there is an increase of suffering in consequence of the tightness.

The lint dressing particularly requires remarks in behalf of the wounded soldier. From what has been seen, and from the numerous complaints, it cannot be doubted that the abuse of this article has been very extensive, and to such a degree, that it would be more humane to altogether discard it, unless it can be employed with a much better judgment.

Too many wounds have had it rammed into them until they are tightly plugged, and then a tight bandage is applied over it, as if something more was needed to keep it in place. And all this has

been done where there was no hæmorrhage, nor fear of any. It is not at all strange that the patient suffers greatly from this firm plug and additional constriction. Clothing, balls and any other foreign substance are removed from wounds as soon as can be, with the correct idea of withdrawing as much as possible every irritating cause; and yet the benefit from this action is immediately frustrated, for a new irritating substance is thrust in, and especial efforts are made to bind it there.

A clean, suppurating wound, perforating the cheek, has been seen, which had been stuffed several days with hard, dry lint, and which, on the removal of the lint, contracted one half in twenty-four hours. A colonel, with a wound of the sterno-mastoid muscle, also stuffed with lint, and so painful as to permit of but little motion of the neck, had almost instantaneous relief after the lint was removed and abandoned.

Many other cases were seen where the lint had become so adherent by the drying of the discharge about its edges as to require a long soaking with water and pulling before it could be detached, and this separation was followed by a free flow of the confined pus.

The lint arranged in cords, the size of lamp wick yarn, was also placed crosswise along the bottom of wounds, and then balls of coarse, dry lint pressed down upon them, all of which was removed when thought proper, by drawing upon the free ends of these cords, hanging loosely outside and near the wound.

Numerous other instances could be multiplied, sufficient to convince any one of the bad use to which this agent has been applied, and in such cases of course aggravating the suffering of the patient.

It is a matter of extended notoriety, that operations of different kinds have been performed, not only uncalled for by the nature, locality and extent of the injury, inopportune from the time of their performance, but also ill-judged from a disregard of all the concomitant circumstances which the case demanded.

To allude to no other, every surgeon will admit that a ligature of the carotid artery for a small, easily accessible wound of the edge of the tongue near its tip, was not only uncalled for but unjustifiable; the same may be said of an immediate amputation of the thigh for a wound of the popliteal artery, or the ligature of the principal artery of a limb for hæmorrhage a few hours after an amputation, or the excision of the greater portion of the shaft of the humerus or femur, upon the battle-field, or an important amputation before reaction had come on.

Amputations, performed at an opportune time, may save a great many lives.

The mortality within a very short period after these operations has been large, owing in all probability not so much to the fact that an amputation has been done, but that it was attempted at a time when the system was the least able to bear it.

Amputations for injuries are less successful in their results, than for long-established diseases, because the system has received a serious shock, and has not constitutional force enough in some instances to bear up against it; the same result, and from the same cause, is seen in a less degree in the local death of the soft tissues and of bone, consequent upon injuries sufficient to produce that effect.

The military surgeon, however, must frequently act as circumstances dictate, and many limbs must be sacrificed, when more favorable

auspices would justify and demand an effort to save them. If it is decided that an amputation is necessary, it must be done within a limited period, not too soon, while the system is still under the effect of the shock and before there are signs of increasing reaction, nor after inflammation and the so called irritative fever have become fairly established.

The opportune time for an operation is surely not when the state of the system is very seriously reduced, in a collapsed or sinking condition, from the effect of the injury. Symptoms showing that the system is rallying from the effects of the shock, and manifest in the comparative strength of the pulse, and other general indications, must influence every one in making up the proper decision.

Ether, particularly, and chloroform, *under certain restrictions*, are valuable agents in assisting and accelerating the reactionary powers of the system. In many cases there will be no recovery from the shock, no reaction, and this of itself is an imperative reason for abstaining from any operative interference. If in this absence of sufficient reaction, an operation of importance is performed, an unfavorable result is almost necessarily hastened.

The time of this reaction varies in different persons with the severity and locality of the injury, the degree of shock to the system, and the amount of reactionary power or vitality remaining. It may take hours, and even days. Therefore, because a primary operation, the one now alluded to, may be pronounced to be the proper one, it must not be supposed that even the so called primary amputation can be, or ought to be, performed *at any time* after the receipt of the injury. Safety to the patient demands that no operation of any magnitude should be attempted before there are signs of sufficient reaction, steady and not intermittent, nor after inflammation and the irritative fever are adding new trials to the patient's endurance.

It is true that sometimes amputations performed four, five or six days after the injury, and when the inflammation and fever are progressing, have ultimately been followed by recovery. But these cases are exceptional in their results, and may be explained by the fact that the powers of the system in individual instances have been ample enough to bear up, both against the effect of the injury and the additional shock of the operation at a very unfavorable period, but they should by no means be considered in any other light than an unsafe and dangerous practice.

The *exsection* of portions of the shaft of bones, varying in extent from two to six or more inches, has been attended with very great fatality. An injury from any agent sufficient to produce great comminution and splitting of the bone, requires a long deliberation of all the attendant circumstances before resort should be had to such extensive exsection as has been done on the battle-field, or in a crowded depot for the wounded. The warning, which experience has given to every surgeon, in extensive and severe injuries of the soft tissues, never to operate too near the seat of the injury in apparently sound and healthy portions, on account of the gangrene which is almost sure to follow in the immediate region of the lesion, should tell us still more strongly to beware about an operation too near a shattered bone, for fear of gangrene, or necrosis, of one or both remaining portions of the shaft.

A piece of necrosed bone four inches long has been seen, that was

removed from the humerus of a soldier, several months after an exsection. Forewarned, let an extra caution be prominent, for the future as well as the present.

It is difficult enough and often impossible, in severe injuries requiring amputation, to say where the line of demarcation is between the skin that is sound and that about to die; and we must, for many reasons, expect to find still greater difficulty in tracing or fixing this line in bone. The state of the system, the amount of constitutional force affected by the injury, shows itself after these operations by such diminished vitality in the neighborhood of the injury, that gangrene follows to a greater or less extent in the soft parts, and in the bone also.

Exsection, for injury, of any considerable portion of the shaft of a bone, particularly the thigh bone, would be considered a very serious operation in civil practice, even when the patient is under the best hygienic conditions, and when one can command every comfort and the most improved surgical appliances. In the field, or crowded temporary hospital, the operation must be invested with a still more serious and dangerous character, for a great many reasons, the controlling influence of which should not be under estimated.

And then again, as was said, how is one to know that, in the exsection, the saw passes through sound and not through deadened bone? And we all know that the process of separation in necrosis is a tedious one, and with the suppuration from it and the soft parts is the liability to many troublesome complications.

Conservative surgery, within prudent limits, is valuable and praiseworthy, but an opprobrium when attempted in decidedly unfavorable circumstances. The *cui bono* of these extensive exsections is yet to be settled.

Then again, an operation, feasible upon the bones of the fore-arm or arm, might not be as feasible upon the thigh, or even the leg.

The exsection of the articulations in consequence of injuries, would probably be attended with more fatal results than the same operation for chronic disease, for the same reason that experience has shown that the ratio of mortality is greater in amputations after injury than after a long-established disease, because the system, besides the amputation, has the additional, serious and sudden shock from the injury. The unfavorable results that follow, may be traced more to the state in which the system is brought by the effect of the injury, than to the mere operation.

Let me add a word or two more in reference to the dressing of the stump after an amputation, which was accidentally omitted when allusion was made to the operation.

The following has been seen:—the flaps adjusted by sutures, then strips of plaster, then thick masses of dry, coarse lint, and over all a bandage. The line of approximation of the flaps was so much covered by the plaster as scarcely to admit of any exit to the secretions. The consequence was a swelling and pressure outward of the flaps by the pus confined internally. At the time of the renewal of the dressings, pressure was made to force out the remainder of the pus.

The danger of such a course is, of preventing union, by separating, and leaving a cavity between the flaps, and if the exit is not sufficiently free, for whatever is secreted within, then portions already united by granulations are separated by the pressure from distension,

the support about the vessels is taken away, and the liability to subsequent hæmorrhage is very much increased.

Time and safety are gained by letting the pus escape freely as fast as secreted, and only such a degree of compression should be used as will produce an easy and steady apposition of the parts, so that union may proceed with as little interference as possible.

Lint, used as above, is not only heating and irritating, but it also adds an obstruction to the escape of the pus.

Very truly yours,                      GEO. H. GAY.

We gladly give place to the following communication, which undoubtedly contains a considerable amount of truth. It agrees, in the main, with our previously-expressed convictions. Still, we are not satisfied that abuses and neglect do not exist in some of our Government hospitals; indeed, we have positive knowledge that, within a very recent period, at least, they have existed. It cannot be possible for one gentleman, however industrious, to declare authoritatively, from personal observation, that the whole system is free from reproach. Doubtless there has been much injustice done by public rumor, and there has been too great a readiness to accept as true of all the hospitals what has been true of comparatively few. The only way to set the public mind entirely at rest on the subject is just that which the Sanitary Commission has so successfully inaugurated, namely, a complete system of repeated inspections by a body of disinterested, conscientious physicians, taken from the community at large.

THE HOSPITALS IN WASHINGTON.—From time to time, the public mind, naturally anxious for the comfort and welfare of our wounded soldiers, has been painfully disturbed by the numerous newspaper reports of "Hospital Abuse"; the vast majority of which prove, on investigation, to be totally untrue—and many of them would be more properly designated "abuse of hospitals," than "abuse in hospitals." Perhaps the experience of one who has had the advantage of some personal observation on the subject, may not be, at this time, inopportune.

What are the facts? Our nation, suddenly plunged in war, finds, after a series of bloody battles, its Capital thronged with 20,000 wounded soldiers—while it contains but one or two small buildings adapted to the purposes of a hospital, and those capable of containing but a few hundred of these many thousands. The exigency demands and energy attempts prompt provision for the present necessities and future comfort of this *army* of wounded. Churches are dismantled—portions of public buildings and whole blocks of private buildings are pressed into service. Empty barracks, constructed originally for soldiers in health, are improvised into hospitals, not because they are suited to the purpose, but inexorable necessity permits no other choice. These various buildings in Washington, without any previous adaptation to their present use, contain our twenty thousand wounded men. The number, within the smallest of these, is from one to two hundred, while in the larger it will range from one to two thousand. It were tedious to specify the almost infinite daily recurring minutæ of labor, mental and physical, requisite to carry on, successfully to the patients and satisfactorily to the surgeons, one of the largest of these hospitals, even for a single day; and there are in the city some fifty of various sizes, but all requiring this constant care and attention of the corps of surgeons in charge of them. They also require the services of many hundreds of nurses, dressers, cooks, stewards and other attendants. It is the intention and endeavor of Government to have none in any of these capacities but such as are competent and faithful; none are for a moment retained when proved otherwise.

In conducting this large number of hospitals, it is not strange that an occasional inadvertence should occur; and when it does, the public are very apt to hear of it, colored with all the exaggeration with which *popular abuse* too often paints

the naked fact. Those who have had the best opportunity for judging, are satisfied that of the many statements that have appeared in print, the greater portion have no foundation whatever in fact, or else are total misrepresentation of the truth. The origin of them may almost always be traced to some malingerer in the hospitals, who, being detected in feigning sickness, has been returned to his regiment, and revenges himself by stories of ill-treatment at the hands of his surgeon. This is perhaps the most frequent source of the abuse of hospitals; first started by the malingerer, believed by his credulous friends, and by them inserted in the public prints.

Another cause for the statement of supposed neglect, rests on as shallow a basis as the following: An *honest* and conscientious patient, whose self-limited disease having passed its climax, is slowly convalescing, thinks his attending surgeon does not understand his case, because "*he has for two days refused to let him have any more medicine*"! Grand opportunity, for the public "*abuse of hospitals*," where such neglect is permitted!

There might be added many similar cases, of constant recurrence in print; a full knowledge of which would have prevented their publication.

An exceptional case of incompetency for the important post of surgeon may and does occur; but the person, whoever he may be, is instantly removed. Casual inadvertences may and do happen; but prompt measures are taken to prevent their repetition. An unavoidable accident may delay the arrival of some article of hospital supplies, for which prompt requisition has been made to headquarters; yet the surgeon will generally be the scape-goat to bear the blame for a mishap beyond his control. But there is generally too much *esprit du corps* among surgeons in charge of the wounded, to allow any neglect of all available means that would tend to the welfare of their patients. It is the aim of Government to supply these hospitals with as able and competent a corps of surgeons as can be obtained. In furtherance of this purpose, there have been selected quite a number of surgeons of skill and experience from civil practice, who have temporarily left their homes, to contribute their services to the relief of their wounded countrymen.

The hospitals have also the important aid of the Sanitary Commission, whose philanthropic efforts are gratefully appreciated by all who have experienced their benefits. Also, through its various agents, it necessarily exercises a constant supervision over the condition of the patients, rendering the occurrence of neglect or abuse improbable.

In view of these facts, it will no doubt be a satisfaction to those, whose relatives and friends have gone forth to risk their lives on the battle-field, to know that if, by the fortune of war, they should suffer from wounds or disease, they will receive in the hospitals at Washington as humane and skilful treatment as could generally be extended to them in their own homes. And here it is but just to allude to the fortitude, resignation and even cheerfulness with which our wounded heroes endure and calmly submit to the most severe and painful injuries. The testimony of all surgeons who have had charge of them will abundantly corroborate the fact, that it is rare to hear a murmur escape their lips, with such patience do they bear the wounds that silently attest their devotion to their country. Daily and hourly being witnesses of their noble courage, is it reasonable to suppose that they, who are professionally devoting themselves to their relief, should fail to render them all the aid and comfort which skill and humanity can afford?

If the public were made acquainted with these facts, they would understand how absurd and groundless must be most of the newspaper articles respecting "hospital abuse," which unjustly tend to mar the hard-earned reputation of the disinterested corps of surgeons who constitute the medical staff of the hospitals in Washington.

J. P. MAYNARD.

We have been kindly furnished with copies of the following documents, which treat of topics of the most vital importance. We sincerely hope that this correspondence may lead to the much needed improvement referred to, in the surgery of the Army.



BOSTON, FRIDAY, OCT. 24th, 1862.

DEAR SIR,—The Medical Commission of the State of Massachusetts, having overwhelming evidence by their own observation and by reliable reports, that our sick and wounded require more careful attention and protection against neglect and the performance of needless operations, have addressed a letter to the Surgeon-General U.S.A., suggesting what they consider in some degree a remedy for the evils complained of.

They respectfully beg you to lend your authority and coöperation in carrying out the object.

(Signed)

DR. GEORGE HAYWARD.

DR. S. CABOT.

" S. D. TOWNSEND.

" GEO. H. GAY.

" JOHN WARE.

" R. M. HODGES.

" J. MASON WARREN.

" WM. J. DALE,

HON. E. M. STANTON, *Secretary of War.**Surgeon-General Mass.*

— BOSTON, OCT. 24th, 1862.

To BRIG. GEN. WM. A. HAMMOND, *Surgeon-General U.S.A.*

The Medical Commission of the State of Massachusetts beg leave respectfully to represent to the Surgeon-General of the United States, that they have had reason to believe that there are certain evils existing in the present management of the wounded on the field and in hospitals, which are capable, in some degree, at least, of being remedied. The present war, breaking out after a long and profound peace, uninterrupted, with partial exceptions, for more than two generations of surgeons, has found the profession quite unprepared, both by education and experience, for the practice of military surgery. In consequence of the very large number of surgeons immediately required for service, it has unavoidably followed, that a considerable proportion of them must not only be destitute of experience, but destitute also of that education on which experience is to be founded. They are incompetent as operators, and also incompetent to judge when operations are required, and at what time and under what conditions of the system they can be safely performed. Many of them, in common with the mass of mankind, labor under the delusion, that the main business of the surgeon is to perform operations instead of preventing them. Hence many young men have rushed into the army with the erroneous impression that it was a school for surgery, principally because it afforded opportunity for operations, especially amputations, and for learning how to do them well and adroitly, instead of learning how to prevent the necessity of doing them at all.

We have reason to believe that the profession has been disgraced by many of its members, who, having no just conception of the sacred duties of their calling, have entered upon it from wholly selfish and mercenary motives.

It is therefore recommended that the Surgeon-General U.S.A. be respectfully requested to appoint a sufficient number of surgeons, who shall be men of acknowledged ability and experience in surgical injuries and operative surgery, to each Corps d'Armée, Division, Brigade and dépôt for the wounded, whose duty shall be a general supervision of the wounded, in examining personally, so far as can be done, all the wounded, whether on the field, during or after a battle, in a general or other hospital, or at any dépôt for the wounded, and to decide as to the primary surgical treatment in the cases presented; and, if any operation is deemed necessary, to direct a suitable person to perform it, and at the proper time; and, furthermore, that no important operation, such as amputation of the large limbs, ligature of any of the principal arteries, or excision of bone, should be performed, except under great sudden emergency, till one or more members of this supervisory board shall have given his or their approval.

(Signed)

DR. GEORGE HAYWARD.

DR. S. CABOT.

" S. D. TOWNSEND.

" GEO. H. GAY.

" JOHN WARE.

" R. M. HODGES.

" J. MASON WARREN.

" WM. J. DALE,

*Surgeon-General Mass.*

— SURGEON-GENERAL'S OFFICE, WASHINGTON, D. C., OCT. 28th, 1862.

GENTLEMEN,—I have received your communication relative to the incompetency of many of the medical officers in the service of the United States.

VOL. LXVII.—No. 15B

From my own personal observation, as well as from the uniform evidence of Medical Inspectors' reports, I am able to confirm all that you can allege.

I have made every effort to obtain a sufficient number of qualified medical officers to superintend the operations on the battle-field, but thus far without success. If you can aid me in the matter, I shall be very much obliged to you.

I am free to confess that first-class surgeons have not come forward for field service with the alacrity that is to be desired, and I am sorry to see so little stress laid, in many of the States, upon the qualifications of regimental medical officers.

Begging you to accept my thanks for your interest in the matter, and hoping you may be able to afford me assistance,

I remain, very respectfully, your obedient servant,

(Signed)

WILLIAM A. HAMMOND,

*Surgeon-General U.S.A.*

DR. GEORGE HAYWARD, &c. &c.

THE following correspondence is interesting in connection with the detention of the transport steamers, containing Massachusetts troops, in our harbor, by the gale of last week. The steamers were disgracefully over-crowded, and the fact should be generally known, that public opinion may, if no other influence can, prevent the repetition of such an outrage. At the instigation of the State Authorities, the evil has been probably remedied, by putting some six hundred of the soldiers on board of an additional steamer. A bright sky and a fair wind have given a more cheerful tone to their final departure, and we hope the voyage may be a short one.

*To Surgeon-General Dale.*

We, the Surgeons of the 43d, 45th and 46th Mass. Reg'ts, desire to represent, that, in consequence of the long-continued storm, and the discomfort arising from sea sickness and other causes, want of proper ventilation, over-crowding of quarters and darkness—also the mental depression consequent on the long confinement, the saturated condition of the clothing, and the unhealthy emanations therefrom, and the impossibility of attending to personal cleanliness and to the ordinary calls of nature, it is no longer safe to remain on board in the present condition. We are unanimously of the opinion that nothing less than the removal of five hundred men from each vessel will render the condition of the ship proper or safe to go to sea.

JAMES H. WATERMAN, M.D., *Surg. of 46th Reg't.*

SAMUEL KNEELAND, M.D., *Surg. of 45th Reg't.*

A. CARTER WEBBER, M.D., *Surg. of 43d Reg't.*

*Boston Harbor, on board Ships Mississippi }  
and Merrimac, Nov. 9th, 1862.*

*To the Adjutant-General.*

SIR,—I have this day carefully inspected the condition both of the Merrimac and the Mississippi transport Ships, laden with Massachusetts troops. I endorse fully the opinions of the surgeons above expressed in regard to the necessity of speedy relief, and recommend that five hundred men from each ship be transferred to other quarters.

If the weather to-day had been clear and pleasant, the necessity of a change from the plan decided upon last night would have been obviated. In my opinion, the continuance of the storm, the exposure on the deck, the crowding in the compartments, and the unhealthy condition of the atmosphere from this cause, make it necessary that the relief should be immediate and effectual.

WM. J. DALE, *Surgeon-General.*

*On board Mississippi, Boston Harbor, }  
Nov. 9th, 1 P.M., 1862.*

*On board Nantasket, Sunday, Nov. 9th, 1862.*

The within opinion of the several Surgeons of the 43d, 45th and 46th Regiments, and of Surgeon-General Dale, was unqualifiedly endorsed by Capt. Bax-

ter, of the Steamer "Mississippi," and conditionally endorsed by Capt. Sampson, of the Steamer "Merrimac," and I endorse it without qualification.

WM. SCHOULER, *Adj't General.*

To His Excellency JOHN A. ANDREW, *Governor* }  
and *Commander in Chief.* }

DR. HOLMES delivered the introductory address at the Medical College on Wednesday last, on account of the indisposition of Dr. Bigelow, on whom the duty devolved in turn. The first half of the lecture was mainly historical and full of interest. Having had in his possession, through the kindness of Hon. R. C. Winthrop, a collection of valuable manuscripts belonging to his distinguished ancestor, Governor John Winthrop, he was able to give some details of the medical practice of the time of the early history of New England, which were extremely interesting and entertaining. Among these papers was a formula of directions for the treatment of diseases, prepared for the Governor by Dr. Edward Stafford, of London, showing him to have been a man of much sagacity and practical wisdom. Following this historical vein, Dr. Holmes gave graphic sketches of some of the fathers of medicine in New England, and, coming down to more recent times, somewhat elaborately portrayed the marked peculiarities of three physicians practising in Cambridge in the time of his boyhood. He aptly used the striking characteristics of each as illustrating distinct types of physicians, employing them to inculcate valuable practical lessons. He sketched a vivid picture of the medical scholar and the medical practitioner, showing how helpless a man of mere erudition may be in actual practice, and giving point to his remarks by an amusing anecdote of the physicians he had last spoken of. He impressed upon his hearers the great importance of the practical study of disease, assuring them that the best part of a student's education is at the bed-side. He did not, however, depreciate the study of books, but said that it should be the complement of clinical study. The lecture concluded with some most excellent practical advice on the relations of the physician to his patient. The discourse was enlivened throughout by the Professor's peculiar humor, and enriched by his vivid imagination, which made doubly impressive the truth pervading the whole. It was worthy of a larger audience than the lecture-room could hold, and we earnestly hope it may be given to the public in print.

DEATH OF DR. CORDEIRO.—Dr. Joaquin Barbosa Cordeiro is well remembered here as a student of medicine and a graduate of the Medical School of the University in the class of 1854. He was a native of Brazil, but had acquired the English language so as to speak it with remarkable facility. On leaving the University he returned to his native country, where he soon became engaged in practice, first in Rio de Janeiro, and afterwards at Ceara. He gained rapidly in reputation, especially in the treatment of yellow fever and cholera, in which last disease he had the credit of saving many patients after collapse had occurred. He devoted himself with great zeal to the care of patients affected with this disease, laboring almost without help in a hospital of which he had charge. He himself was at last attacked, in the month of July last, and died at the post of duty where he had fearlessly and patiently labored.

Dr. Cordeiro married a Boston lady, and leaves her with two children in a distant land. It will, we hope, be grateful to her to know that she has the sympathy of all who remember her husband, and who honor the devotion to duty which cost him a life promising to be of extensive and prolonged usefulness in his profession.

**DEATH OF SIR BENJAMIN BRODIE.**—We regret to announce the death of Benjamin Collins Brodie, one of the most distinguished names in the annals of British surgery. He was born at Winterboro', Wiltshire, in 1783, educated in a London free school and at St. George's Hospital, where he became the successor of Sir Everard Home as surgeon. In 1811 he received for his admirable physiological papers the Copley medal of the Royal Society. In 1819 he was appointed Professor of Anatomy in the Royal College of Surgeons, and in 1827, on the death of Sir Astley Cooper, became surgeon to the royal family, and attended King George IV. in his last illness.

In 1850 he received the degree of D. C. L. from Oxford. His baronetcy, bestowed upon him by William IV., dates from 1834. On the accession of Queen Victoria to the throne he was retained as "Serjeant Surgeon" to the royal family, and was till his death, October 21st, a personal friend of the Queen's. His last official appointment was the Presidency of the Royal Society, to which he was elevated in 1858. He was married in 1818, and leaves a widow and two sons—Benjamin Collins Brodie, Professor of Chemistry in the University of Oxford, and Rev. William Brodie, a clergyman of the Established Church.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, NOVEMBER 8th, 1862.

##### DEATHS.

	Males.	Females.	Total.
Deaths during the week, . . . . .	36	33	69
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	33.7	34.0	67.7
Average corrected to increased population, . . . . .	..	..	14.63
Deaths of persons above 90, . . . . .	..	0	0

##### Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Varicella.	Dysentery.	Typ. Fev.	Diphtheria.
15	1	2	5	2	0	0	0	0

**BOOKS AND PAMPHLETS RECEIVED.**—The Action of Medicines in the System. By F. W. Headland, M.D., London. Fourth American Edition. (Lindsay & Blakiston.)—A Practical Treatise on Dental Medicine. By Thom. E. Bond, A.M., M.D., &c. Third Edition. (Lindsay and Blakiston.)—Annual Report of the Board of Regents of the Smithsonian Institution for the year 1861.—Dentition and its Derangements. By A. Jacobi, M.D., New York.—Annual Report and Catalogue of the New England Female Medical College.

**MARRIED.**—In this city, 5th Inst., James C. White, M.D., to Martha A. Ellis, daughter of Jonathan Ellis.

**DIED.**—At Camp Meigs, 11th Inst., of apoplexy, Dr. Deodat Mignault, aged 29, formerly a successful practitioner of medicine in Lowell.—At Hagerstown, Md., 1st Inst., Dr. Samuel Lee Bigelow, Medical Director for Gen. Franklin's Corps in the Army of the Potomac.—Found dead, on the 6th Inst., Dr. William S. Saunders, of Sturbridge. The cause of his sudden death is supposed to have been disease of the heart.

**DEATHS IN BOSTON** for the week ending Saturday noon, November 8th, 69. Males, 36—Females, 33. Accident, 2—Inflammation of the bowels, 1—Inflammation of the brain, 2—bronchitis, 2—cancer, 1—cholera infantum, 1—cholera morbus, 1—consumption, 15—convulsions, 3—croup, 2—debility, 1—diarrhea, 3—dropsy, 3—droupy of the brain, 2—scarlet fever, 5—gout (of the stomach), 1—disease of the heart, 2—infantile disease, 2—insanity, 1—disease of the liver, 1—congestion of the lungs, 1—Inflammation of the lungs, 2—marasmus, 1—old age, 1—paralysis, 2—disease of the spine, 1—disease of the stomach, 1—suicide, 1—teething, 1—unknown, 7.

Under 5 years of age, 23—between 5 and 20 years, 6—between 20 and 40 years, 17—between 40 and 60 years, 10—above 60 years, 13. Born in the United States, 44—Ireland, 18—other places 7.

## MEDICAL JOURNAL ADVERTISING SHEET

**MUTUAL LIFE INSURANCE.**—The *New England Mutual Life Insurance Company* (Office Company's Building, State st., corner of Congress st., Boston) insures lives on the mutual principle. Accumulation—over \$1,600,000, and increasing, for the benefit of members, present and future. The whole safely and advantageously invested. The business conducted exclusively for the benefit of the persons insured.

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Nov. 13 Consulting Physician.

**GARRATT ON MEDICAL ELECTRICITY.**—Embracing electro-physiology and meteorology; descriptions and uses of the different currents obtained from various kinds of Batteries; "Electro-Therapeutics," showing clearly, yet limiting those classes of nerve-affections, and of joint and muscle diseases, to which this treatment is adapted; methods of application, &c. By ALFRED C. GARRATT, M.D. Second Edition. Pp. 700. 100 Illustrations. Price, \$3.00.

P. S.—Dr. Garratt, No. 9 Hamilton Place, Boston (near Park-street Church), continues to give special attention to the medical uses of Electricity, i. e. primary galvanism, in *Nervous Affections*—for re-kindling the vital force; for restoring tone in certain cases of atony, weakness and pain, as also in many of the more grave nervous affections—traumatic, wasting, and reflex paralysis; cold-rheumatism, sprains, sciatica, lumbago, irritable spine, neuralgia, headaches, nerve-deafness, sensitive eyes, infantile palsy, chorea, amenorrhœa, torpor of bowels, and the like. Feb. 27

**GARDNER'S PERMANENT SOLUTION OF FERRO-PROTIDE OF IRON.**—The attention of the Medical Profession is called to this novel and eminently successful preparation of Iron. It is becoming so well known, and so generally used, although but a short time before the public, that it has already taken its place among the standard preparations of the day. It contains 40 grains of Ferro Protide to the fluid ounce, and is prepared in two forms—bitter and sweet; the former the result of a combination of a vegetable tonic (Quassin, containing no *Lannin*, whereby a precipitate of Tannate of Iron is avoided) with the mineral. The rapidity with which this article is assimilated is really surprising, usually producing observable effects in chlorosis in from three to six days.

Jersey City, N. J., Feb. 15, 1862.

I have tested the preparation of Mr. Gardner, known as the *Liq. Ferro Protide*, and find it to be decidedly the most efficient preparation of that mineral I have ever prescribed; being prepared with a vehicle at once palatable and acceptable to the stomach, it is readily administered. I have no hesitation in giving Mr. Gardner's preparation the preference over all other preparations of that mineral, for those peculiar morbid conditions of the human organism where the use of Iron is indicated.

PHILIP N. SENDERLING,  
President of Hudson County Med. Society.

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Boston, July 1st, 1861.

**HAVING** sold to Messrs. CODMAN & SHURTLEFF, 13 Tremont street, our entire stock of Surgical, Dental, and Veterinary Instruments, and having relinquished these branches of our business, we hereby recommend the establishment of Messrs. Codman & Shurtleff to our former patrons.

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(late Kingman & Hassam.)

Feb. 13.—1f

**ALBANY MEDICAL COLLEGE.**—The next annual course of lectures will commence on the first Tuesday in September, and continue *seventeen weeks*. Degrees will be conferred at the close of the Session, and also in June. Fee for full Course, \$65. Graduation fee, \$20.

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Albany, May 8, 1862.—1f

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"The experience of the profession at large appears now quite to have established the fact that *Cod-Liver Oil*, is one of the most efficacious of all remedies in arresting the progress of pulmonary phthisis; that it enables patients to struggle on longer against the inroads of the disease, and thus enables them sometimes to obtain cicatrization and contraction of cavities which otherwise must have produced speedy death." Dec. 13.

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*Pepperell, Oct. 18, 1860.* Jan. 9, '62—1yr.

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Dec. 26.—1 yr

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# BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY

SAMUEL L. ABBOT, M.D.

Whole No. 1812.] Thursday, Nov. 20, 1862. [Vol. LXVII. No. 16.

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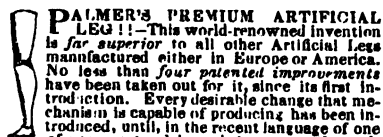
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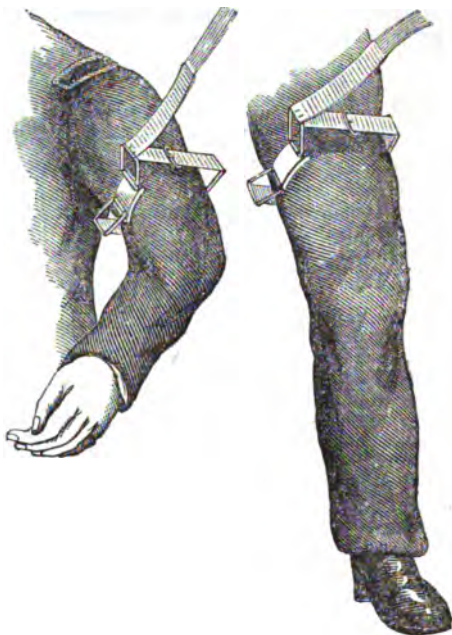
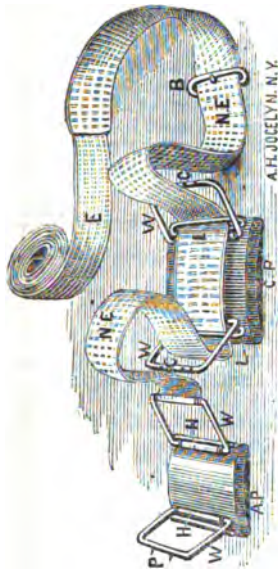
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Calomel Pills,	2	Willow Charcoal,	2
Opium et Acet. Plumb., each	1	Diascordium,	2
Extract of Rhatany,	2	Anderson's Antibilious & Purgative,	2
Compound Rhubarb,	3	Extract of Gentian,	2
Compound Colocynth,	3	Iodide of Potassium,	2
Compound Squilla,	4	Calcined Magnesia,	2
Dover Powders,	3	Rhubarb,	2
Carbonate Iron, Vallet's formula.		Ergot Powder, covered with sugar	
Carbonate of Manganese and Iron.		as soon as pulverized,	2
Kermes,	1-5	Phellandria Seed,	2
Santonine,	½	Washed Sulphur,	2
Bi-Carbonate of Soda,	4	S. N. Bismuth,	2
Meglin,	1	Tartrate Potassa and Iron,	2

## GRANULES.

*Of 1-50 of a grain each.*

Aconitine,  
Arsenious Acid,  
Atropine,  
Digitaline,

Morphine,  
Strychnine,  
Valerianate of Atropine,  
Veratrine.

*Of 1-5 of a grain each.*

Tartar Emetic,  
Codeine,  
Conicine,  
Extract of Belladonna,

Extract of Hyosciamus,  
“ of Ipecac,  
“ of Opium,  
Proto-Iodide of Mercury,

Lupuline,	gr. ½	Extract Rad. Aconite,	gr. ½
Extract Nux Vomica,	½	Emetine,	½
Veratrine,	1-24	Iodide Mercury,	½
Sulphate of Morphine,	1-8	Valerianate Morphine,	1-8
Corrosive Sublimate,	1-12	Acetate Morphine,	1-8
Nitrate of Silver,	½	Digitaline,	1-24
Extract of Hyosciamus,	½	Strychnine,	1-12
Colchicum (each granule equal to two drops of tincture.)			

## DRAGEES.

Copaiba, pure solidified,  
Copaiba and Cubebs,  
Copaiba, Cubebs and Citrate Iron,

Cubebs, pure,  
Cubebs and Alum,  
Cubebs, Rhatany and Iron.

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EXCISION OF A LARGE UTERINE POLYPUS.

[Communicated for the Boston Medical and Surgical Journal.]

MR. EDITOR,—The following case may possess interest, as recording the successful removal of one of the largest fibrous polypi, by direct section of the pedicle.

On 8th September, 1859, I was called to Mrs. W., aged 53, mother of six children, the last aged 7 years. She stated that there was a substance within the vagina, occasioning painful sense of distension and bearing down, with dysuria and sometimes complete inability to pass water, except by aid of the catheter. Five years ago she had an obstinate attack of flooding, previous to which the menses were normal, but ever since she has suffered more or less from menorrhagia, and for the last nine months hæmorrhages have occurred as often as every fortnight, with profuse watery discharges, more or less offensive, in the intervals.

The substance in the vagina, first discovered two years previously, had gradually increased up to the time of my visit, and then a portion protruded so as to be visible externally. She had suffered intensely for the last two or three months from facial neuralgia, and complained of weakness and inability to take exercise without local (pelvic) suffering. Her appearance was anæmic and somewhat cedematous. Pulse was 88, full, but very soft. Upon examination, the protruding substance presented itself, ash-colored and sloughy in appearance, distending the rima vulvæ.

Passing two fingers by the side of the protuberance, I found the pelvis occupied with a large tumor, but no attachment could be discovered, nor could the os uteri be reached. The uterine sound, bent to a large curve, was introduced over different aspects of the tumor to a distance of six inches, but the pelvis was so completely filled that I could not move the sound laterally, between it and the tumor, so as to define the bond of connection between the latter and the body. An attempt to introduce the hand elicited so much complaint that I desisted, and applied a delicate pair of obstetric forceps which discovered sufficient mobility to indicate that its attachment was

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only by pedicle. During the examination a muco-gelatinous clot escaped, together with one or two ounces of offensive serum tinged with blood.

I pronounced the growth polypus, and advised its immediate removal.

I did not see the patient again till 19th December, 1859, when I was requested by her physician to operate if I still judged the case suitable. I found the patient much weaker than at the previous visit, pallid and emaciated; pulse 130 and thread-like. She had just emerged from a protracted recurrence of hæmorrhage. The tumor had obviously increased in size, and was now easily felt through the attenuated abdominal walls; the protruding portion was lacerated, grey and putrid. Considering that she could hardly survive another attack of hæmorrhage in the state in which she then was, and that she was liable to such attack any moment, I acceded to her wish for the operation.

The bowels having been moved by castor oil taken the preceding evening, and brandy having been administered and the bladder emptied by the catheter, I placed the patient on her left side and applied Zeigler's obstetric forceps over the tumor, hoping to be able to extract it so far as to bring the pedicle within reach; but they repeatedly slipped off without bringing down the growth in any perceptible degree. This accident was occasioned partly by the solidity of the mass, which prevented the blades sinking in, and partly by the blades themselves being of insufficient length to admit of their points reaching beyond the greatest diameter of the tumor.

Ether was then administered, and I introduced my left hand between the hollow of the sacrum and the tumor until I touched the pedicle. I then passed up Simpson's polypome, the stalk made long, and bent to conform to the outline of the tumor, and hooking it around the pedicle, divided it. This part of the operation occupied more time than would be supposed, for the size of the pedicle so nearly filled the hook, or cutting part of the instrument, that it was very difficult to apply a sawing motion, except to a very limited degree, and simple pressure failed to effect the severance.

Extraction with the obstetric forceps was once more attempted, but with no better success than before. I then applied a pair of long crotchet forceps, which took an unyielding hold, and by patient efforts, in which, at last, my whole strength was employed, while pressure was made upon the hypogastrium, and the perinæum supported, extraction was accomplished without injury to the parts. The pedicle was then drawn down by forceps, until the free extremity could be seen by separating the labia; to this the solution of perchloride of iron was applied to arrest some oozing; compresses were placed above the pubis and to the vulva, and secured by a T bandage. The patient was then moved into an easier position, and after recovering from the effects of the anæsthetic, expressed herself as very comfortable.

The tumor proved to be a dense fibrous polypus, and divested of the disintegrated fragments on its lower segment, it lacked only half an ounce of three pounds in weight. Its outline presented a pretty accurate mould of the pelvis; its longest circumference was  $18\frac{1}{4}$  inches—shortest circumference,  $14\frac{1}{4}$  inches. The pedicle appeared to be a little over an inch in length. It was severed close to the tumor, where it was inserted in a narrow sulcus, at which point its diameter was about three quarters of an inch; but its attachment to the uterus was very broad, where it was inserted or merged into the anterior wall. The os uteri was open so as to admit two fingers easily; the cervix was obliterated. The uterus seemed heavy, as if from increased thickness of the parietes; the interior, in size and in roughness, resembled somewhat the interior of one of the ventricles of the heart.

During the manipulations, several dark, stringy sheets of fibrin and a quantity of watery discharge came away, but the actual loss of blood from the operation did not exceed two ounces. I was assisted by her physician, Dr. Keen, of Gorham, Me., and my student, Mr. A. Barss. Her recovery was uninterrupted. The neuralgia disappeared, and she is now in the enjoyment of perfect health. There has been no recurrence of hæmorrhage, nor yet of the catamenia.

Since the occurrence of the preceding case, I have on several occasions removed uterine polypi of smaller size, by section of the pedicle, and have never had any troublesome bleeding in consequence.

S. FITCH, M.D.

*Portland, Me., Nov. 1st, 1862.*

DIARY OF A BRIGADE SURGEON, ATTACHED TO THE BURNSIDE EXPEDITION.

BY JAMES BRYAN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

"I come no more to make you laugh; things now,  
That bear a weighty and a serious brow,  
Sad, high, and working, full of state and woe,  
Such noble scenes as draw the eye to flow,  
We now present."—*Shakspeare*.

THE heats of summer, the mists of autumn, and the frosts of part of winter, had been passed in the camp, on the tented field. The examination for the rank of Brigade Surgeon had been passed at the Capitol some three months since, two of which were spent in camp voluntarily, in order to become more familiar with the workings of camp hospitals, according to "Regulations." This sacrifice to a thirst for knowledge cost me dearly; for it sent me home about New Year's to wear out a raging typhoid pneumonia. During my convalescence, I received orders from the Medical Headquarters of the Army of the Potomac (Dr. Tripler), to report myself to General Burnside at Annapolis, for duty on his staff. Time passed by, and

nothing was heard from the "Burnside Expedition." At length, having obtained sufficient health and strength, I reported myself at Washington, and was again ordered to report to Gen. B.'s headquarters. Through the politeness of Maj. Belger, of Baltimore, (U. S. A. Q. M.), I was transported to Fortress Monroe, where I met the polite and gentlemanly but now lamented Capt. Talmadge (U. S. A. Q. M.). After a dreary delay for fair winds for more than a week, we at length proceeded down the coast, doubled Cape Hatteras, and passed up Pamlico Sound, to the romantic island of Roanoke. My diary begins at this point.

Saturday, March 1st, 1862.—Anchored in the Sound, near the island of Roanoke, about 6, P.M., on board the Steamer Chancellor Livingston. We left the "Swash" this morning, about 11 o'clock. We had crossed over the sand bars the day before in another vessel, and had observed the terrible dangers which the indomitable General had braved in conducting the vessels of his expedition through these shallow, turbulent and deceitful waters and sand bars. They embody, to the classic eye, a very close resemblance to the ancient Scylla and Charybdis; the fairest and most serene sky being accompanied with a never-ceasing roar of these restless waters, the spray of whose waves literally fling their crests to heaven. Two forts were seen in the distance, manned by Union soldiers, and commanded by Gen. Williams—but we must not stop to describe what does not belong to our province.

Sunday, 2d.—Landed and met Dr. Church, Medical Director of the expedition, who introduced me to Gen. Burnside. The latter introduced me to Generals Foster, Reno and Parke. Being appointed to the staff of Gen. Parke, he invited me to call at his headquarters, and make them my home, till suitable accommodations could be obtained. The day was spent in visiting, with Dr. Church, some of the hospitals on the island, and examining, with the attending Surgeons, some of the more interesting surgical cases.

Monday, 3d.—Visited, with Dr. C., several important cases in the hospitals of the 3d Brigade; among which was private ———, of the 9th New York Reg't (Hawkins's Zouaves), who had received a bullet wound in the left thigh, beginning on the outer side, about three inches above the knee, and extending upwards and inwards, until lost among the muscles and other tissues, where the bullet is still lodged. Two weeks after the occurrence of the wound, secondary hæmorrhage took place, for which the femoral artery was taken up, near the profunda. Three days afterwards, bleeding occurred from the incision, to stop which the iliac artery was tied. This operation arrested the flow of blood for about twelve hours, when the femoral was again taken up with the same effect; this was the day before yesterday. Drs. Humphreys, of Philadelphia, and J. P. P. White, of New York, were the Surgeons of the 9th New York.

Tuesday, 4th.—Assisted Dr. Church in taking up the femoral artery again, in the above case; and visited with him the hospitals at

camps Burnside and Foster, about two miles further up the island. Saw many wounded and other patients, with Dr. Cutter, Surgeon of the 21st Mass., and Acting Brigade Surgeon to Second Brigade, Gen. Reno. Dr. C. is the author of one of the earliest and most popular school works on physiology.

Dr. Church is trying to persuade me to remain on the island as Surgeon to the post, to which I object, being desirous of accompanying the expedition now fitting out.

Wednesday, 5th.—Dined with Gen. Parke, and being storm-bound, slept at his headquarters.

Thursday, 6th.—Visited the upper hospital of the 3d Brigade, under the care of Dr. Storrs, of the 8th Connecticut. The cases are chiefly of typhoid and remittent fevers. This hospital is well appointed, for about forty beds. It was well supplied with medical stores, left by the rebels.

Friday, 7th.—The following "Order" was issued by Gen. Burnside :—"Dr. Bryan, Brigade Surgeon, will remain on Roanoke Island and take charge of the Medical Department of the Post."

Saturday, 8th.—Came ashore with our baggage, on the steam tug J. P. Levy, in company with Gen. Burnside and Gen. Reno. The two Generals were enthusiastically cheered, as they passed the vessels, crowded with their men, for the expedition to Newbern.

Sunday, 9th.—Active preparations for the departure of the expedition.

Monday, 10th.—General Burnside and staff went on board the "Alice Price." The forces of his expedition are all now afloat on the Sound. I remarked to the General, that the force under his command was as large as the whole standing army of the United States was, previous to the breaking out of the rebellion. He replied, that in future, the Government would require a much larger standing army. I am busy in reorganizing the hospitals which have been deserted by the departure of the regiments and their medical officers, and we are consequently in great confusion. Drs. Storrs and Potter have left the two hospitals of the 3d Brigade without successors. Dr. Cutter has left those of the 1st in the same condition. The medical stores and kitchen utensils have been generally carried off. Dr. Squires, of the 89th New York, remains with me, and has shown himself a very efficient officer in this emergency. By attending to the nurses, rations and patients of the 2d and 3d Brigade hospitals, he has assisted me very much in supplying their immediate demands. Dr. Humphreys, of the 9th New York, has also been actively engaged in the same service.

Tuesday, 11th.—I this day appointed James H. Noyes, M.D. (Hospital Steward of the 6th New Hampshire), to act as Assistant Surgeon in the hospitals of the 3d Brigade. Surgeon Wm. A. Tracy, of the 6th New Hampshire, has leave of absence for sixty days, on account of sickness. Col. Hawkins, of the 9th New York, has been appointed military commander of this post.

Wednesday, 12th.—On the recommendation of Surgeon Tracy, I appointed Dr. Hiram Dow, of the 6th New Hampshire, to act as Assistant Surgeon in the lower hospital of the 3d Brigade.

Saturday, 15th.—The following is a copy of my letter to the Surgeon-General, from this post.

*Medical Headquarters, Roanoke, N. C.,* }  
*March 15th, 1862.* }

C. H. FINLEY, M.D., *Surg.-Gen. U. S. A.*

SIR,—It becomes my duty to report to you, that since my last communication, General Burnside has left the Island of Roanoke with a force of over 15,000 men—leaving three Regiments on the island. About forty of the wounded of the late battle have left this place, within the last few days, for the North, under the care of a Massachusetts physician, Dr. Hitchcock—leaving in the Brigade and Regimental hospitals, about 350 sick and wounded. General Burnside, by an Order dated March 7th, appointed me Post Surgeon of Roanoke. In addition to the three regiments—which are the New York 89th, New York 9th and New Hampshire 6th—left here, there are one or two gunboats, and over thirty transports, on the Sound; whose sick are attended to by the Surgeons of the island. I am happy to say, that since the departure of the expedition for Newbern, I have been enabled to reorganize the post hospitals, in a satisfactory manner. Great complaint was made, on my arrival, of the paucity of Surgeons in the division. Several were sick from over-work, and at least one had died from over-exertion. One of the sick has obtained leave of absence for sixty days, to recruit his health (Dr. Tracy, of the 6th N. Hampshire). There are six well-built hospital-barracks on the island, left by the rebels. Four of them are under the charge of two of the Regimental Surgeons, their assistants taking care of the regiments; and two of them are under the care of two well-educated physicians, whom I have appointed from the ranks, to act as Assistant Surgeons. There is also one Medical Cadet on the island, doing good service in one of the larger hospitals. The number of sick in the Brigade hospitals is rapidly diminishing, and many are already convalescing. I contemplate, as fast as the beds in Brigade hospitals are vacated, to fill them with patients from the Regimental hospitals, and in this way, gradually, if possible, to abolish the latter. I have no reason to believe that the post will be an unusually sickly one, during the spring and summer months, though experience may prove the contrary. I am engaged in making out a detailed statement of the sick and wounded of the post, which will be transmitted to you in a few days. I would respectfully urge upon your consideration, the propriety of appointing additional Surgeons or Assistant Surgeons for this post.

Respectfully your obedient servant,

JAMES BRYAN, *Post Surgeon Roanoke.*



## ON THE DISINFECTING TREATMENT OF TYPHUS, ERUPTIVE AND ENTERIC.

By JOHN HJALTJELIN, M.D., INSPECTING MEDICAL OFFICER OF ICELAND.

It has fallen to my lot to witness and treat one of the most dreadful epidemics of typhus that ever visited Iceland. The disease began in the northern part of this island during the winter of 1857-58, and was thence apparently communicated by contagion to the eastern, western and southern districts of the country. During the winter of 1857 about ninety cases of this fever came under my observation, and it presented sometimes the character of exanthematous typhus, and sometimes of typhoid or "typhus abdominalis;" but although the sickness abated in the following summer, it again appeared in the autumn of 1858, and raged during the whole winter of 1859, and did not even cease in the summer months of that year, but continued its ravages through all the seasons of 1859 and 1860. In those two years no less than 900 cases came under my treatment, out of a population of about 10,000 inhabitants, although of this number there were many patients that I had no time to register. When the fever broke out in a farm or cottage, it generally attacked one person after the other, until most of the inmates of the house were infected; and it very often happened that strangers stopping in a house thus infected, contracted the disease. It was evident, therefore, that it was highly contagious.

In the beginning of 1860, the same fever was very often accompanied by malignant dysentery; and at this time also, when by far the greater number of the infected were suffering from typhoid fever, Asiatic cholera made its appearance, and was accompanied by rice-water evacuations and cramps, but happily, it was only sporadic, and did not spread by contagion. During the last winter, 1860-61, the typhus fever was decreasing, although it still displayed its former malignity, and was attended, especially in the eastern part of this country, by great mortality. In some parishes of this part of Iceland, one-tenth of the inhabitants fell victims to the disease, a catastrophe which seems attributable to there having been an entire deficiency of medical men, and medical aid. The same phenomenon was observed in many other parts of our country, so that we have a strong argument against those who are of opinion that medical aid has very small influence on the mortality of malignant fevers.

In the last winter mentioned, about 122 cases of typhus and typhoid fever came under my treatment, and although the disease was becoming more and more sporadic, it still preserved the same characters of malignity and contagion as it had shown in former years. In the beginning of the spring, cases of malignant cholera seemed to gain ground, and were generally more common than the typhus itself, but the disease did not spread, and was limited to some fishermen's huts.

From this short review it will be seen, that, during the years 1858–61, this island was visited by three most malignant diseases,—viz., typhus and typhoid fever, dysentery, and sporadic cholera; happily, however, this last disease did not spread by contagion, although a few cases had all the symptoms of true Asiatic cholera, and in a few days terminated fatally. In respect to the probable causes of these malignant diseases during the aforesaid period, I shall now make the following remarks.

In the years 1856 and 1857, an epizootic of a special kind visited this island. This epizootic was nothing else but common sheep-scab; but, unhappily, there arose a prodigious dispute about its origin, and about what was to be done. Some, who believed that the disease was imported with some sheep from Scotland, desired to cut the matter short by killing all the infected sheep; while others (and amongst these were the veterinarians and myself), proposed that an attempt should be made to cure them, believing that the disease resulted only from the close packing of the poor animals in the winter, when generally little more than two square feet are allotted to each. But although the veterinarian or curing party were able to prove that their principles would lead to the happiest results, they were, nevertheless, compelled to succumb to their antagonists—the slaughtering theory (having been practised in the former century when the same disease made its appearance) had, in spite of its sad result, been inherited by the people, and was destined finally to prevail. It was supported also by the governors of the island; accordingly, no less than 200,000 sheep, many of which were quite sound, fell victims to the adoption of that stupid and barbarous theory.

In the beginning of this madness—for it was really a slaughtering madness—I had foretold that this proceeding would most likely lead to fearful consequences, especially on account of the great masses of meat heaped together in the small storehouses that are commonly attached to the Icelandic farm, the single apartment of which is used as a parlor, diningroom and bedroom. I supposed—and experience showed that I was right—that my countrymen's uncleanness, and their bad method of salting meat, would lead to the most dangerous consequences; and that so protracted a deprivation of sheepmilk, butter, and cheese, might not only be attended by a deficiency of healthy and nourishing diet, but also give rise to famine.

The sheep killed amounted in number to about one-third part of those contained in the island, and were intended to supply twelve months' nourishment to about 10,000 men. So convinced was I of the injurious consequences of this foolish enterprise, that I wrote to the Board of the Sanitary College at Copenhagen, predicting what would happen if the Sheriffs of this country—who were its authors and executors—were not to be deterred from its prosecution. The Danish government upon this, enjoined them to desist; the order,

however, arrived too late, the slaughter having been already executed during the autumn of 1857 and the following winter.

Meantime, my predictions were realized. People coming from the country, where large stores of salt provisions existed in great abundance, informed me that the odor of rotten meat was in many houses insupportable; they declared that they could neither stay nor sleep in them, and a short time afterwards I heard that typhus and typhoid fever had broken out in several parishes of the north, and both these diseases were subsequently extended by contagion to the southern districts.

During the winter the peasants came down from the highland districts to the fishing places near Reykjavik, and the surrounding districts. In many of these persons the malady already existed in its latent form. On arrival, they sickened and spread the fever in the fisher cabins, which were the more susceptible to its influence, as they had been overcrowded during the winter of 1858. From this time the disease advanced from hut to hut, until the majority of them were infected by its virulence; the most crowded huts were of course infected first and most severely; but by and by the better houses became infected also. Towards the end of the winter of 1858 the mercury sank to  $4^{\circ}$  below zero, Fahrenheit, and continued there for several weeks. It was very remarkable to see how the typhus was for a time arrested by the severe cold, but re-excited when the temperature grew milder. This fresh outbreak continued until the end of May, at which period it ceased or abated, to reappear in autumn.

Before proceeding to my treatment of this epidemic, I will in a few words describe the ordinary symptoms exhibited in each form of the fever—viz., in the typhus and the typhoid.

I. *Typhus*.—The symptoms of the first stage were, generally, diminished muscular strength, giddiness, aching in the back and limbs, weariness, unrefreshing sleep interrupted by unpleasant dreams, loss of appetite, constipated bowels, intercurring congestions of the head, accompanied by flushing of the face, sometimes followed by epistaxis, or, in females, by slight menorrhagia, white tongue with some flow of saliva during sleep, thirst, a certain amount of cough, and more or less oppression about the epigastric region. This stage generally lasted a week, and occasionally twelve days, although it was frequently only of from three to five days' duration.

The second stage of the disease generally commenced with a succession of mild or severe shivering fits, with more or less distinctly-marked symptoms of catarrh, inducing, perhaps, the expectation of rheumatic or catarrhal fever. At the same time, cough, variable in its degree of acuteness, was also present; the respiration was hurried and often interrupted by sighs; the skin was hot and dry; the pulse very frequent, ranging from 100 to 130 in a minute; the tongue covered with yellow or white fur. The preceding symptoms were usually attended by severe cephalalgia, throbbing in the temple,

suffusion of the eyes, and flushing of the face. Early in this stage the muscular strength was much weakened, the patient being unable not only to leave his bed, but even to raise himself from the pillow. When this stage had lasted for two or three days, the catarrhal symptoms, such as the cough and the oppression of the breast, became generally aggravated, and with them the fever itself. At this time there was almost constantly seen an eruption of the skin, which consisted of small roundish or irregular spots, of a dingy-red color, closely crowded together, and somewhat resembling flea-bites, but without a dark point in the centre. This eruption commonly appeared first on the chest and on the neck, but afterwards on the shoulders, fore-arms and legs. When this eruption was of a bluish or dark color, and formed large irregular spots, I was always pretty sure that the case was a malignant one; but when the spots were small and of a brownish or dingy-red hue, the prognosis was far more favorable. After the outbreak of this eruption, the feverish symptoms were for a short time alleviated, the pulse was not quite so frequent, and the catarrhal symptoms, with the oppression of the chest, subsided; but this seeming alleviation was of brief continuance, as this stage in two or three days commonly passed into the third stage, or "*stadium nervosum*" of the German physicians. Some patients did not survive this stage, but succumbed to supervening phrenitis or pulmonary apoplexy. In those who survived, this stage was not unfrequently protracted to five or seven days, and during this period the amount of urea in the urine was in the majority of cases augmented.

The third stage was characterized by nervous symptoms; the patient became debilitated, his muscular strength was quite gone, and he sank into a state of continual delirium, stupor, or coma, from which he could hardly be awakened by cold-water affusions, and, even when this could be effected, he soon relapsed into stupor. The other symptoms in this stage were convulsions, hiccough, involuntary evacuations of feces and urine, trembling of hands and legs, spasmodic and difficult deglutition, and sometimes complete strangury, which could be removed only by the catheter. Persons who did not survive this stage died of nervous exhaustion, especially from paralysis of the respiratory nerves; dry, darkly-furred tongue, weak and accelerated pulse, cold extremities and facies hippocratica, announced approaching death.

The duration of this stage was generally limited to four or perhaps seven days, and urea was found in large quantities in the urine.

The fourth, or critical stage, began on the ninth, eleventh, fourteenth, or seventeenth day, and the following were the most remarkable symptoms: When the patient one or another night had seemed to be in extreme danger, a change took place. Instead of sinking into stupor or coma, the patient (sometimes after prolonged insomnia) fell into a sound and refreshing sleep of six, eight, ten, or even twelve hours; the skin, formerly dry and pale, became soft

and moist; and when the patient awoke he would answer questions sensibly, although his voice was still weak and trembling. He seldom, however, recollected what had happened to him, or where he had been during his disease. After some more sound sleep and slight perspiration, the patient gained in strength, his pulse beat more naturally, his appetite improved, the dark sordes on his lips and tongue disappeared, and he gradually entered the convalescent or fifth stage. His recovery, however, was often interfered with, or retarded by some fatal accidents, bedsores, parotitis, or gangrene of the lungs, which also sometimes occurred in the earlier stages of the disease. Many convalescents regained their health with a temporary loss of their hair.

From the preceding short description of our Icelandic typhus it will be seen that this disease greatly resembles the typhus exanthematicus or contagiosus of Dr. Hildenbrand, which is admirably treated of in his well-known monograph, "*Ueber den ansteckenden Typhus*" (Wien, 1810), and which may still be looked upon as one of our most celebrated works on this subject.

II. *Enteric Typhus or Typhoid Fever.*—About a third part of all those affected in the aforesaid epidemic in our country suffered from enteric typhus, which also may conveniently, as is generally done by the German physicians, be divided into several stages, according to the well-marked progress of its course. The first, otherwise named the premonitory or latent stage, was well marked by the gastric symptoms. The patients were generally first affected by dyspepsia; they had slow or deficient appetite; complained of some pain in the epigastric region, and had a heavy or dragging sensation in the hypogastrium. Sometimes, moreover, they felt pain about the liver or spleen; they were generally costive, or complained of slight mucous diarrhoea, and recurring pain below the umbilicus; their tongue was covered with a white or greenish-yellow fur, and they often suffered from nausea and vomiting of a dirty green-colored fluid. Besides this they complained of headache, especially in the forehead, pain about the back, and intermittent weariness and uneasiness in the extremities. Their muscular strength was in this stage rarely impaired, but they told me that they easily grew fatigued, and were liable to be attacked by palpitation if they labored or walked for some hours uninterruptedly. They often looked pale and melancholy, and feared that some dangerous or malignant disease was impending. Their skin was unusually dry, and it was with great difficulty that they perspired, even when taking exercise.

This stage now and then lasted for a week or more, but generally not longer than twelve days.

The second stage always commenced with a more or less violent fever, followed by painful headache, especially in the forehead, hard and frequent pulse, dry and hot skin, flushed face, and suffusion of the eyes; on pressing the hand, more or less uneasiness was felt in the right ilium, and in many cases there was a painful sensa-

tion similarly complained of in the hepatic and splenic regions. Although costiveness in this stage was a common symptom, mucous diarrhoea also occurred during its entire prevalence. Most of my patients had sleepless and restless nights, or their short and unrefreshing sleep was interrupted by unpleasant dreams and hallucinations of hearing and vision. Many drunkards were in this stage seized with delirium tremens, which often terminated in death, and was, therefore, a most dangerous complication. Some young ladies of sensitive temperament fell into a continued "delirium nervosum," which in some respects resembled delirium tremens, although the cause was evidently quite different. Other patients fell into a phrenitic delirium, which was in a very few cases terminated by apoplexy.

The duration of this stage was generally between five and seven days.

The third stage (the "stadium nervosum" of the German physicians) was characterized by extreme weakness, and by nervous symptoms. The patient was quite unable to rise, and slipped from the pillow towards the foot of the bed; his voice was scarcely audible, and he swallowed with great difficulty; the tongue was dark and tremulous, and was protruded with hesitation; and the hands and limbs trembled also. Some patients, moreover, were constantly delirious, and made efforts to leave their bed, but, on attempting to do so, sank down instantly on the pillow. Most of them were tormented by diarrhoea, the evacuations being dark green or yellow ochre, extremely foetid, and often sanguinolent. Others were affected with tympanitis and constipation, constant hiccup and convulsions; and this condition was usually associated with retention of the urine, the water constantly dripping from the urethra, and occasioning erythema and gangrenous ulcers in the parts most exposed to pressure. In this stage small rosy red spots appeared on the skin, especially on the abdomen, breast, and arms; and some few patients had sudamina, a symptom which was almost invariably indicative of a fatal termination. The pulse was very weak and frequent, and the pulsation of the heart as irregular as that preceding syncope. In a few cases softening of its muscular texture occurred previously to dissolution.

This stage often passed very gradually into the fifth, or so named "stadium criseos" of the Germans, and for the most part commenced with perspiration and sound sleep. After the latter the patient's mind was observed to be clearer, but the sense of hearing and the perceptive faculties were slow in regaining their original vigor. Convalescence was sometimes protracted for many weeks, and entire strength recovered only after the expiration of one or two months. The abdomen was also sensitive for a long time after the complete cessation of the febrile symptoms, and want of due care in diet, or premature exposure to cold, often occasioned dangerous relapses. The gangrenous ulcers that so often occurred in the

typhoid or the eruptive form of the disease, were difficult to cure, and sometimes lasted two or three weeks, rendering recovery slow and doubtful.

The typhoid in its third stage sometimes terminated in gangrene of the lungs, indicated by a dingy green tenacious expectoration of an offensive odor, and associated with great prostration of strength, mucous ronchus, and a very frequent and feeble pulse; few, however, recovered after these dangerous complications.

In the preceding abstract, I have briefly recounted the various symptoms of our epidemic fever, when it was permitted to run its entire course without being checked by the interposition of art. The period of its duration would, however, have to be lengthened by a term of from twenty to thirty-six days, or even more, if we were to take cognizance of its multifarious sequelæ.

I saw many cases in which the malady was allowed to run on through all its stages, without the adoption of any active remedial measures to arrest its progress. At the beginning of the epidemic I was obliged to ascertain whether it was safer to employ drugs, or to confide solely in the vis medicatrix, especially as the simpler method numbers so many votaries in France, Germany, and the Scandinavian north, to say nothing of England, where, in former days, physicians made so bold and free a use of medicine. During the prevalence of the epidemic, I read articles in several numbers of *The Lancet* of 1858, in which the treatment to which I have alluded seemed highly recommended, and in which several medicines which had formerly been considered useful not only in enteric typhus, but also in eruptive typhus, were either condemned or looked upon with suspicion. This was especially the case in an otherwise well-written article by Dr. Stephen Ward, of London (see *The Lancet* of 27th March, 1858, p. 310), where the author says, "that we should be cautious in administering even the mildest aperients." In another passage, he says, "Although valuable in the relief of symptoms, treatment did not seem to exert much influence in curtailing the duration of the disease. If not cut short by a fatal termination, the fever usually ran on to the end of the third or fourth week, and its sequences occasionally rendered convalescence very protracted." Moreover, most of the new medical works which I have seen from France and England seem to recommend only the symptomatic treatment of eruptive and enteric typhus, a treatment which I have seen extensively pursued during the prevalence of several epidemics in Norway and Sweden, and Germany. During my twenty-five years' practice it has fallen to my lot to observe many of these fevers, especially enteric typhus; and during my fifteen years' practice in Denmark, many of them fell under my treatment. I had formerly seen a considerable number of such cases in the wards of Copenhagen, Berlin, and Hamburg. The results of this so-called symptomatic treatment were, however, as far as I know, so little encouraging, that I myself felt no desire to follow it. In this country,

moreover, it would have been impracticable. I preferred, therefore, to go on in my own way, and generally practised a mode of cure which I had previously tried with success.

But, in order to know exactly whether my own plan was really preferable to the rational or expectant method, it was of course necessary to submit both to trial, and this I did from the very beginning of the epidemic until I could no longer entertain any doubt as to the result. The remedial agents of the expectant treatment were principally pure cool air, cleanliness as far as possible, *eau sucrée* or acidulated beverages, and at the commencement a diet of a mild, unstimulating character, subsequently rendered more and more nutritive, according to the exigencies of the patient, and his need of support. That the air might be as pure as possible, ignited charcoal was used to destroy any deleterious substances, or the floors of the rooms were sprinkled with Sir William Burnett's chloride of zinc. Anything calculated to disturb the patient was strictly prohibited, and mild enemata were employed to counteract constipation or costiveness. In order to prevent all bad and noxious exhalations, the water-closets should always contain an ounce or two of sulphate of iron. The contents should be removed as soon as possible, the bed-clothes should also be changed every day, and the surface of the body should be sponged or washed over with warm water. If there was severe headache, attended by much throbbing in the temples, applications of cold water were ordered, and, in cases of tenderness of the right iliac region, oleaginous frictions were found serviceable. If diarrhoea occurred, rice-water or decoction of salep was exhibited, and especial reliance was placed upon musk in those comparatively rare cases which were complicated by nervous derangement indicated by spasm or hiccough. If retention of urine supervened—and this was a frequent consequence—the catheter was employed. Subsequent affections, such as gangrenous ulcers, erythema, parotitis and gangrene of the lungs, were treated upon general principles, and a moderate use of wine was allowed during convalescence.

Some patients who were thus treated had sometimes before my arrival taken emetics or purgatives, or had been bled, but they were immediately cautioned against the repetition of similar indiscretions.—*Edinburgh Medical Journal.*

(To be continued.)

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, NOVEMBER 20, 1862.

It gives us great pleasure to print the following report of Drs. Bowditch and Ellis, as it adds confirmatory evidence to that which we have given heretofore, that our Government hospitals are, in the main, well managed. These gentlemen were the first, we believe, to make a tour of inspection under the authority of the Sanitary Commission,



and had peculiar opportunities for the most thorough and searching examination ; their report, therefore, is all the more valuable.

Boston, Nov. 7th, 1862.

*His Excellency John A. Andrew, Governor of Massachusetts.*

SIR,—In accordance with your request, we address to you a few lines upon the condition of the U. S. Hospitals in and about Washington. The public mind has certainly been unnecessarily excited by reports, based, perhaps, upon isolated cases, but quite as often upon the false statements of patients who hoped to gain by representing everything in as bad a light as possible.

Having enjoyed every facility for as complete an examination of the hospitals of Alexandria, Georgetown and Washington, as a prolonged inspection would admit, we feel authorized to present the results of our labors, as worthy at least of as much credence as the statements of partial observers, whose sympathies have been their only guide.

The hospitals, for convenience of description, may be divided into four classes.

First. Buildings constructed expressly for the purpose.

Second. Wooden buildings originally used as barracks.

Third. Hotels and dwelling houses.

Fourth. Churches and halls.

The first are admirably planned, and, although not so imposing in their appearance, are vastly better than most of the costly structures in our large cities.

The wooden barracks, although not so conveniently arranged, nor constructed upon such correct principles, have, by careful management, been made to answer every purpose.

The hotels contain a large number of rooms, most of them small, and are therefore not so well adapted for hospitals, but nothing has occurred to show that the patients have suffered from confinement within them. The dwelling houses are objectionable from the same reason, but, setting aside the danger of overcrowding and defective ventilation, the soldiers could not be more delightfully situated, than in the elegant mansions which they occupy. This is particularly the case in Alexandria, where large gardens are attached to the houses.

The churches, though not so convenient in some of their appointments as other buildings, have, in abundance, the great requisites, light, air and space.

Only one hospital was totally condemned. It was, however, in process of being abandoned at the time of our visit, and within a week was wholly given up.

Our remarks on all the above buildings must be regarded as applicable to them only in the warmer months. As winter hospitals, they are yet to be tried.

Having thus explained the character of the hospitals, it only remains for us to state, that, in almost every respect, they were conducted in the best manner possible, and are an honor to the Government. As far as we could judge, the surgeons in charge were able, and, with a few exceptions, in every way faithful, doing all that lay in their power to promote the comfort of those committed to their care. We say this with the greater pleasure, being aware of the many difficulties with which they have been obliged to contend. Among these, by no means the least has been that caused by the well-meant but mistaken kind-

ness of visitors, who have come with the view of aiding soldiers from particular communities or States. Forgetting that all have suffered alike in defence of our common country, they perhaps supply every little want of the man from Massachusetts, while one from Michigan is suffering unheeded by his side. A desire to distribute their own gifts, has also led them, at times, to claim what could not with safety be granted in any hospital, civil or military.

Complaints were often made of the quality of the diet, only once of the quantity. Similar complaints are made in every civil hospital we are acquainted with. Often have they been urged by patients against the Massachusetts General Hospital. An intelligent and humane surgeon in charge is, however, generally able to provide with his hospital fund stimulants and delicacies for the sicker patients.

It was deeply interesting to us to notice how rapidly the vermin of the camp was exterminated from the soldier on his admission into the hospital. Itch is wholly unknown in the army, and certain nameless diseases, the results of vice, are, we believe, more common among civilians resident in cities, than in the army. This fact speaks volumes for the character of our volunteer army.

We cannot close this letter without alluding in the highest terms to the uncomplaining and noble fortitude evinced by all our wounded soldiers.

The sum-total of our experience may be stated in a single sentence. Considering the vast number of quacks that prey upon the unsuspecting but credulous community—considering, also, how many in civil life are continually dosing themselves, or wholly neglect the rules of health, we think that the soldiers in our Government hospitals are, medically, better treated than the same number of invalid civilians outside of them.

We have the honor to be

Yours, very respectfully,

HENRY I. BOWDITCH.  
C. ELLIS.

DEATH OF DR. WM. B. GIBSON.—Died, at sea, in the neighborhood of Key West, on Saturday, the 8th inst., Dr. William Borrowe Gibson, Assistant Surgeon U.S.N. This announcement will bring sorrow to many hearts in our community, for Dr. Gibson had many friends among us. It was our privilege to watch his opening career in Boston, as a medical student, and as surgical house-pupil in the Massachusetts General Hospital, during the last year of his studies; and we can truly say that few young men of greater promise have left us for the service of the country. During his pupilage he was distinguished for his indefatigable industry, and while in the service of the hospital he endeared himself by his peculiarly gentle and amiable manners to all with whom he came in contact. He was most conscientious in performing his laborious duties to the letter, and the patients under his charge always felt they could look to him as a friend. We well remember the universal sadness of the surgical wards on the day when he bade their inmates adieu.

The most prominent traits of Dr. Gibson's character may be said to have been, unfailing amiability of disposition, great amenity of manners, promptness and untiring industry in the performance of every duty, and almost child-like ingenuousness. He had naturally a good

deal of mechanical faculty, which promised to be of very efficient service to him in the practice of his profession. He was always cheerful; and his pleasant voice and sympathetic way made his visits to the sufferers in the hospital the glad rather than the dreaded moments of the day. On leaving the hospital, Dr. Gibson obtained a commission as Assistant Surgeon in the Navy, passing his preliminary examination with great credit. We have heard of him from time to time since, and always with strong expressions of commendation and regard. We have received the following particulars of the concluding chapter of his history from a friend who was near him during his last hours:—

“During the Vicksburg fight, last spring, Dr. Gibson was attacked with the fever then quite prevalent. With careful treatment he recovered his health so far as to enable him to attend to his duties. A little more than a month ago I met him at Pensacola; he was then tolerably well, but weak. The latter part of last month he went upon an expedition up Black River, near Pensacola, and was there exposed to certain miasms which caused a relapse of the fever. By the recommendation of a medical board of survey, he was sent on board the U. S. Steamer Connecticut for transportation home. In about twenty-four hours out from Pensacola, he became delirious, and remained in that condition during his life. On the fourth day out, Saturday, Nov. 8th, at a quarter before 2, P.M., he died, and as there were no means of preserving his body, he was buried in the Naval Burying Ground at Key West. He had every attention which it is possible for a sick man to have on board a ship. Dr. Gibson was very much beloved by all with whom he had any dealings; he had letters of recommendation from the Fleet Surgeon, and also from the Surgeon of the ship. The Admiral (Farragut) gave him a very fine letter, hoping his health would be restored and allow him to return. Dr. G. was connected with Admiral Farragut’s flag-ship Hartford.”

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FAT AS AN ANTIDOTE FOR POISONING BY STRYCHNIA. By Dr. F. RIENDERHOFF.—It is well known that in poisoning by strychnia and its salts, recovery can scarcely be expected so soon as tetanus has made its appearance; that this may manifest itself in men within five minutes after the administration of half a grain of a salt of strychnia; that it is generally present within twenty minutes; and that the fatal result generally follows in from a few minutes to two hours. In cases of such terrible rapidity, in which, unfortunately, there is generally no time for the employment of therapeutic means, it would be in the highest degree important to possess an antidote procurable at all times and in all places, and possessing the not trifling advantage of being in itself perfectly innocuous. On this account, and encouraged by the favorable results of Blondlot’s experiments on the use of fat in the case of poisoning by arsenic, Dr. Rienderhoff made use of the same substance in the case of about thirty dogs and rabbits to which he administered strychnine. The rabbits were poisoned with a solution in water of acetate of strychnia, injected into the stomach; in the case of the dogs the strychnia was worked up with a drop of water into a bread pill. The results arrived at were the following:—

1. The absorption of strychnia and its salts is impeded by the administration of fat (hog’s lard), butter, or oil; this effect is more striking in the case of fat than of butter, and least of all in the case

of oil. The time so gained must be utilized for instituting a regular treatment.

2. The course of the symptoms, after the appearance of the first cramps, is rather shortened than lengthened by butter and oil; therefore lard has an advantage over butter, and this over oil.

3. The presence of fat, butter, or oil in the stomach also delays the operation of an emetic. The emetic must therefore be given in relatively large or in repeated doses, but the use of the stomach pump is preferable when fat has been administered; under these circumstances, the fluid employed to wash out the stomach would naturally be oil.—*Edinburgh Medical Journal* from *Archiv für die Holländ. Beiträge zur Natur. und Heilkunde*.

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**RHEUMATISM OF THE DELTOID MUSCLE.**—Charles Holtom, M.R.C.S.E., in a late number of the *London Lancet* says he finds the following treatment very successful in cases of this affection. "A liniment containing tincture of aconite to be applied externally night and morning, the muscle afterwards being covered with spongio-piline or cotton wool. Internally a mixture containing one sixteenth of a grain of strychnine and twenty minims of tincture of sesquichloride of iron three times a day."

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**AFFECTIONS OF THE THROAT IN SCOTLAND.**—Sore throat, ulcerated sore throat, and diphtheria, have occurred in various localities in Scotland, and in Mid and South Yell. The sore throat appears to have been accompanied with an affection of the hands, which raises the suspicion that sore throat and diphtheria in the human subject is but a variety of the epidemic disease in cattle known by the name of murrain or epizootic aphtha, characterized by the aphthous and ulcerated mouth and sore hoofs.—*London Lancet*.

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**COST OF LUNATICS.**—From the sixteenth report of the Commissioners in Lunacy, it appears that the entire weekly costs of lunatics in county and borough asylums for 1861 ranged from 7s. 2d. to about 10s. 8d. for each individual. At Bristol, however, the entire weekly cost amounted to 13s. 4½d. In hospitals, as appeared from a large number of returns, the cost of a lunatic varied from 15s. 2d. to about 22s. 6d.—*Ibid*.

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THERE are now in the 150 general hospitals of the United States, 60,515 sick and wounded soldiers. Of these 12,665 are in the Western Departments, 17,214 in Washington and vicinity, and the remainder in the various general hospitals throughout the Atlantic and Gulf States. To attend these properly, it is necessary to keep employed a force of 400 stewards, 300 ward-masters, 6051 male and female nurses, 3025 laundresses, and 2017 cooks, making a total of 72,308 non-combatants, although medical officers are not included. If to these were added the sick in the Departments of the Pacific and New Mexico, those at home and in regimental, brigade, division, army corps, and private hospitals, there is no doubt that the number would be swelled to 100,000.—*American Medical Times*.

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DR. RUFUS KING BROWNE, a surgeon in the army, describes, in the *American Medical Times*, a disease which he calls gangrene of the

throat, first observed, he says, at the U. S. General Hospital in the Department of the Gulf. It supervened, in the cases cited, upon the state of exhaustion and extreme debility brought on by the Mississippi or marsh fever, accompanied often by chronic and incurable diarrhoea. It attacks only the throat, involving the root of the tongue, the ventricles and the cartilages of the larynx. Unlike the ordinary hospital gangrene, it is not caused by the crowded condition or unsuitable location of the hospital, as the building referred to is spacious and airy, not full, and every arrangement in regard to the most perfect cleanliness is fully carried out. No treatment adopted proved of any avail.

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THE Editor of the London *Lancet* calls the attention of the Secretary of the Admiralty to the subject of ventilation on board the armored vessels now in the course of construction by the British Government. He represents the danger from disease engendered on board the old wooden ships, by the foulness of the air on the lower deck, as far greater to the crew than that from the shot and shell of the enemy, and states the same danger in the iron-clad vessels to be greatly increased. It has been found, he says, that in proportion as the offensive power of these ships is increased, the defensive power becomes diminished, the public authorities forgetting that shot-proof ships may require disease-proof sailors. In the American iron-clad vessels this important matter has received much attention, and a system of artificial ventilation is adopted, but we are not aware of its efficiency.

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**INTRODUCTORY LECTURES.**—The regular annual course of lectures in the Medical Department of Lind University commenced on Monday evening, Oct. 13th, with a general introductory lecture by Prof. R. N. Isham. The lecture room was well-filled with an appreciative audience, who listened to the lecture with much interest and pleasure.

The introductory exercises of Rush Medical College took place according to the announcement on Wednesday evening, Oct. 1st. The lower lecture room of the College building was filled to overflowing by students and friends of the school. Owing to the unexpected detention of Prof. R. L. Rea, then acting as fleet surgeon on the Mississippi, the annual introductory address expected from him was given by Dr. J. Adams Allen.

In the University of Buffalo, Nov. 5th, the lecture introductory to the medical course was given by Prof. James P. White, to a large class of students. The occasion was also graced by the attendance of many friends of the College.

The introductory lecture at the Jefferson Medical College was given by Prof. T. D. Mitchell. The introductory at the Philadelphia Hospital was delivered by Dr. Agnew to a very large and appreciative audience. There was no formal introductory given at the University.

In the College of Physicians and Surgeons, New York, the introductory was given by Prof. Joseph Mather Smith, in the N. Y. University by Prof. Gunning S. Bedford, in Bellevue Hospital Medical College by Prof. Austin Flint, Jr., and in the New York Medical College by Prof. Wm. F. Holcomb.

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**MORTALITY OF PROVIDENCE, R. I.**—The deaths for the month of October, as reported by Dr. Snow, amount to 72—showing the continuance

of the unusually favorable state of health which has characterized the present year. Thus far in the year, the deaths have been 169 less than for the same period last year, and 117 less than the average for six years past.

**INSPECTION OF GOVERNMENT HOSPITALS BY THE SANITARY COMMISSION.**—Drs. H. I. Bowditch, Calvin Ellis, Morrill Wyman, Charles E. Ware and B. S. Shaw, have completed their first tour of inspection in the service of the Commission, and Drs. R. M. Hodges and J. N. Borland are at present engaged in examining the hospitals in Philadelphia and the vicinity. Drs. Francis Minot and S. L. Abbot leave this week for Fortress Monroe and Norfolk.

**AGREEABLY** to General Orders No. 10, from Headquarters, Army of the Frontier, dated Springfield, Mo., Nov. 7, 1862, Surgeon George H. Hubbard, U. S. Volunteers, has been assigned to duty as Medical Director of the Army of the Frontier. Dr. Hubbard has appointed Brigade-Surgeon F. G. Porter, M.S.M., Medical Director of the Second Division, and Surgeon M. B. Cochran, 1st Iowa Cavalry, Medical Director of the Third Division of the Army of the Frontier.

Dr. A. B. Crosby, of Hanover, N. H., late Brigade Surgeon of Vols., has declined the appointment of Surgeon of Vols., having received an appointment in the Medical Department of Dartmouth College.

**MUNIFICENT DONATION TO THE U. S. SANITARY COMMISSION.**—The city of San Francisco, California, has sent to the United States Sanitary Commission one hundred thousand dollars. This munificent donation is most opportune, and will enable the Commission to largely increase the comforts of the sick and wounded of our heroic army.—*Medical News and Library.*

THE "Central Park Hospital" of New York, has been opened for the reception of patients, under the charge of Dr. F. H. Hamilton, for the treatment of soldiers who have suffered amputation, and who are to be supplied with artificial limbs by Government.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, NOVEMBER 15th, 1862.

##### DEATHS.

	Males.	Females	Total.
Deaths during the week, . . . . .	36	42	78
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	34.8	35.0	69.8
Average corrected to increased population, . . . . .	..	..	75.46
Deaths of persons above 90, . . . . .	1	1	1

##### Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Varicella.	Dysentery.	Typ. Fev.	Diphtheria.
15	2	4	3	5	0	1	2	2

**DEATHS IN BOSTON** for the week ending Saturday noon, November 15th, 78. Males, 36—Females, 42. Abscess, 1—accident, 2—anaemia, 1—apoplexy, 1—asthma, 1—inflammation of the bladder, 1—inflammation of the bowels, 1—congestion of the brain, 1—inflammation of the brain, 2—bronchitis, 2—cholera infantum, 2—consumption, 15—convulsions, 3—croup, 4—cyanosis, 1—debility, 1—diarrhoea, 2—diphtheria, 2—dropsy, 1—dropsy of the brain, 1—dysentery, 1—scarlet fever, 3—typhoid fever, 2—typhus fever, 1—haemorrhage, 2—intussusception, 1—disease of the liver, 1—disease of the lungs, 1—inflammation of the lungs, 5—marasmus, 1—old age, 4—paralysis, 3—peritonitis, 2—teething, 1—thrush, 1—unknown, 7.

Under 5 years of age, 25—between 5 and 20 years, 4—between 20 and 40 years, 21—between 40 and 60 years, 14—above 60 years, 14. Born in the United States, 52—Ireland, 22—other places, 4.

## MEDICAL JOURNAL ADVERTISING SHEET.

**A NEW AND IMPORTANT INVENTION.**—by DOUGLAS BLY, M.D. By frequent dissections, Dr. Bly has succeeded in embodying the principles of the natural leg in an artificial one, and by so doing has produced the most complete and successful invention ever attained in artificial legs.

### TESTIMONIALS OF SURGEONS.

New York, Feb. 10, 1860.

When the Palmer Leg was invented, I recommended it to all who needed anything of the kind, because it was an improvement on the old Anglesen leg. And now I have the pleasure of informing them that Dr. Bly has invented a leg which is a great improvement on the Palmer leg. The advantages it possesses over the Palmer leg are:—

*First.* The ankle-joint admits of motion not only antero-posteriorly, but laterally, which allows the wearer to walk on any grade, or on rough and uneven surfaces, without inconvenience.

*Second.* The ankle-joint is constructed without iron, steel, or metal of any kind; in fact, little or no metal is used in the limb, which renders it very light.

*Third.* The joints, instead of being bushed with buckskin, which requires a renewal at the hands of the maker, when worn, are adjustable, and under the control of the wearer.

*Fourth.* The springs are made of India rubber, and imitate more closely the action of the muscles.

*Fifth.* The action of the springs can be increased or diminished at the option of the wearer, whereby each can adjust the motions of the leg to suit his own peculiar gait. VALENTINE MOTT, M.D., Emeritus Prof. of Surgical Anatomy in the University of New York.

New York, Feb. 10, 1860.

I concur in the above recommendation.  
ALFRED C. POST, M.D.,  
Prof. of the Principles and Operation of  
Surgery in the University of N. York.

New York, 2d mo. 15th, 1860.

I have examined with care the ball-and-socket-jointed leg invented by Dr. Bly, and am satisfied that the mobility of the ankle-joint, whereby the foot can accommodate itself to grades and inequalities of the ground, is a great improvement upon all artificial legs made heretofore.

JAMES R. WOOD, M.D., 2 Irving Pl.,  
Surgeon to Bellevue Hospital, N. York.

I have examined the artificial Leg of Dr. Bly, M.D., of Rochester, and have formed a very favorable opinion of its character.

WILLARD PARKER, M.D.,  
37 East 14th street,  
Prof. of the Principles and Practice of Surgery  
in the College of Physicians and Surgeons, N. Y.

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**GROUP.**—Remarks on "Diphtheritis, or the Membranous Disease commonly called Membranous Group, as it appears in Roxbury and the vicinity of Boston", by B. E. CORTING, M.D.

The paper on this subject by Dr. Corting, read before two of our Medical Societies, and since published in this Journal, is now issued in a pamphlet form, and may be had at this office. Price, 10 cts. Oct. 13.

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March 13—1f

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July 24, 1862—1f [Somerville]

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY

SAMUEL L. ABBOT, M.D.

Whole No. 1813.] Thursday, Nov. 27, 1862. [Vol. LXVII. No. 17.

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Nov. 13

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THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. LXVII.

THURSDAY, NOVEMBER 27, 1862.

No. 17.

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VARIOLA IN SHEEP.

[Communicated for the Boston Medical and Surgical Journal.]

[THE following communication, from Dr. Benj. Cushing, of Dorchester, is of interest in connection with the history of variola. It was written by Dr. Thomas Thaxter, of Hingham, so long ago as 1811, in the form of a letter to Hon. James Bowdoin, and is of value as showing the progress of this disease as it appears in certain of the lower animals. It will be noticed that, as in man, it was considerably modified by inoculation. The subject has recently been noticed in a number of the London *Lancet*.—Ed.]

HONOR'D SIR,—Having perused the treatise you were kind enough to send me last winter, I ascertained that the flock of merino sheep which my son sent me, and which were late from Lisbon, had gotten the species of smallpox among them peculiar to sheep; the progress of which disease, and the observations made, I will communicate to you, as far as I am able.

The disorder is as distinctly marked in the sheep as the smallpox is in man. Three kinds were observed, viz., the distinct, the confluent, and the purple. The infection was communicated from one to the other in the same manner as with human beings; from coming within the atmosphere of each other at an advanced stage of the disease (at which time they have a peculiar smell); or from being within the same pen; or from feeding at the same vessels, before they were cleansed, which the sick sheep had used. I found the disease discovered itself from the twelfth to the fifteenth day after receiving the infection in the natural way.

The first symptoms of those with the purple variety were so rapid that they could scarcely be marked from one stage to the other; but they every one appeared to be much swollen all over, with hard and laborious breathing; and they died very soon, with a dark appearance of the skin, similar to that in man.

The confluent and distinct varieties were more marked, and gave greater opportunity for observation. In the first attack, the sheep

VOL. LXVII.—No. 17

inclines to a solitary place in the yard, and keeps working her mouth and tongue, as if tasting some disagreeable substance. But, though not inclining to ruminate, she will not altogether refuse food. She soon begins to rub her head against the fence or wall, and to have a discharge from the nose, like those first affected with a cold. The eyes appear swollen, the ears fall, the head hangs down, while the body is generally drawn up. In about three or four days, sometimes not till the fifth or sixth, they pretty much refuse to eat, and then appear to have very sore mouths and throats, so that eating must be very painful. They are very thirsty, and, after drinking, manifest considerable distress, especially if allowed to take more than a pint.

An examination of those with the confluent kind discovers spots, from the size of half a dime to that of a dollar, risen on the skin somewhat like a ringworm, vulgarly so called, but without inflammation or contained fluid; nor did these spots in my sheep ever appear to have much, though some of the patients lived to the ninth or tenth day. At this advanced stage of the disorder, there was a copious discharge from the nostrils, of a mucus, sometimes white and sometimes yellowish.

The symptoms of those with the distinct kind were at first much the same, only less in degree. About the third or fourth day, the pox might be discovered in hard, prominent red pustules between the shoulders and breast, on the dugs, and also on the tail. In three or four days more, these pustules appeared flattened, and to contain a fluid; but, on opening them, you would be disappointed as to the quantity, seldom being able to obtain a drop where you might have expected several. These pocks would afterwards produce a dark scab, which would remain a number of days before separating, and would be found all over the sheep, among the wool, causing it to fall off after a while.

A few of the sheep that had the distinct kind mildly, after three or four days, would ruminate at times; but seemed to have exacerbations of the disease, which they expressed by uneasy, restless motions, as if in pain. Several of the sheep, while the disorder was in progress, and others, after it appeared to have subsided, would be taken with a paralytic affection of the limbs. The lambs especially would sometimes be attacked with this affection as the first indication of their being ill. The sheep, throughout the whole disorder, had great sensibility to being handled, and, particularly, to being pulled by the wool; and, during the last stages, inclined to huddle together, as if for additional warmth.

I tried several methods with them, such as early bleeding, purging with neutral salts, administering castor oil, senna, and thorowstock, with glysters; but without any permanent effect. In some instances where the sheep appeared costive, these remedies gave temporary relief; but, in general, the alvine and urinary evacuations were performed without artificial assistance. I also used blisters between the shoulders and breast, applied onions to the throat, and gave wa-

ter-gruel and teas made of mullin, saffron, juniper, &c., with injections of vinegar and oil into the nose to increase the discharge, but found little satisfaction from any mode of treatment.

I had a merino ewe, imported in November, which lambed on January 27th, having a good udder of milk, and a healthy lamb. On the 30th—making between eleven and twelve days from the time of her being among the diseased sheep—she began to exhibit signs of indisposition. She soon refused to nurse the lamb, and appeared to have her bag hard and swelled, as if with milk. The lamb died Feb. 6th, and the sheep the 7th, making between twenty and twenty-one days from her first being where the disorder was. In February, I first discovered that the disease had got among my native sheep. Nine out of twenty-two ewes were taken within two days, six of which died—one in twelve hours, one in thirty, and one in forty-eight, after first discovering them to be unwell. The others lived—one nine days, one sixteen, and one, after losing both eyes, expired on the thirtieth. Of the two last, one—on being opened—was found to have had a suppuration near the base of the heart, the other a suppuration in the lungs, which I have found to be the case, on dissection, in a number that had got through the pox, but died in some three months or more afterwards, having ulcerations of the lungs and hydatids in the liver, with tubercles frequently interspersed with both, which tubercles were disposed to form, some with water and some with pus.

My first endeavor to stop the disorder among the sheep, was to separate the well from the sick, placing those supposed to be healthy in healthy barns. But whether my man who attended to this duty carried the infection in his apparel from one barn to the other, or carelessly brought some of the vessels that the sick sheep had eaten from, to feed the well in, I cannot say; but when I thought a stop was put to the disorder, from the well sheep having been more than fifteen days without any indications of sickness, all at once four new cases were perceived to occur, three of which terminated fatally, from the fifth to the ninth day. During this time, I found two sheep which had the distinct kind in so mild a manner as hardly to be perceived; and accordingly removed them before I thought they had communicated the infection to the remaining number, which was seven; believing that, in case they had received the infection, they would all die, as they were near the time of lambing.

At this point, I took matter from the pox of the infected sheep, and inoculated the well ones, some of which lambed just before, and others soon after, breaking out. The lambs, twelve in number, I inoculated at three or four days old. All, lambs as well as sheep, did well, and have not since appeared to pine, or to be in any way disordered, although I did not do anything for them, except to keep them carefully as to air and diet. The sheep, excepting in one instance, did not appear to have the symptoms upon them more than two or three days. After this time, they would eat and ruminate

naturally and freely. Some, one would never perceive to have the disorder but from the circumstance that their incisions contained a good pus, and from finding a few pustules upon them, after some days.

In the instance of the one the most and the longest affected, the part inoculated inclined much more to indirect inflammation and to sphacelation than suppuration. The rest discovered their having taken the disease by pus forming in the incisions, on the second, third, or fourth day (the earliest appeared to be the best cases), so that you might collect several drops, and this you might continue to do for some days.

The mention of the appearances last enumerated leads me to think there must have been some mistake made by the printer of Mr. Flag's treatise, where it is said, that the smallpox by inoculation appears in two days, and that in the natural form in from fifteen to thirty. Except in the pus found in the incisions, in no instance did I discover the disease by inoculation, nor did the pox come out and form a crisis in less than eight, ten or eleven days, though some of the sheep would eat and ruminate, and, unless the teats were sore, nurse their lambs the whole time, while others appeared to be ill for two or three days. In the natural way, I never could find an instance of the disease being more than fifteen days before discovering itself by the symptoms; and though in general one would find the pox of the distinct kind, the patients would be ill for fifteen or twenty days longer, and would not appear quite well or thriving in less than thirty or forty.

It is singular that in no instance—whether the disease was taken the natural way or by inoculation—did I know of the ewes casting their young; not even in those cases where the form of the disorder was the confluent or the purple. In the few instances in which my sheep lost lambs, I attributed it to their being handled, when gravid with twins or triplings. I noticed that the disorder did not lessen the milk, at least if the sheep was not reduced by time. I also observed that there was less disposition\* for a fluid to form in the pustule than in the human subject. From frequently handling the lambs, I found that they perspired very freely on the belly near the groins, and were apt to have the testicles affected. I had no opportunity of examining an old male. All under my observation were ewes, in which I could discern no difference, whether the patient were nursing, gravid, or barren.

Thus, Sir, I have given you a succinct history of the disease; and, from the observations made, should recommend immediate inoculation—let the season or condition of the sheep be what it may—whenever the disorder gets into a flock.

With respect,

Your humble servant,

Hon. J. Bowdoin.

THOS. THAXTER.

\* The word appears to be disposition, deposit, depression, as near as can be ascertained; deposit, it looks most like.

## ON THE DISINFECTING TREATMENT OF TYPHUS, ERUPTIVE AND ENTERIC.

BY JOHN HJALTELIN, M.D., INSPECTING MEDICAL OFFICER OF ICELAND.

[Concluded from page 322.]

I MUST now describe my active or positive treatment, but before doing so must make some remarks on the arguments which guided my mind in its adoption. For this, however, it will be necessary to go back a little, and show how my reflections were matured.

After having read much of what had been written on eruptive and enteric typhus during the last twenty years by the best writers in England, America, France, Germany, and Scandinavia, I perceived that the widest discrepancy of opinion existed in reference to both theory and treatment. Many of our best physicians are of opinion that typhus fever originates from a specific poison, and some of them believe that this poison is of the same kind in the enteric as in the eruptive form of the disease. This opinion has in Germany been maintained by Professor Canstatt, one of the most learned medical writers on the Continent; it has, moreover, found its advocates in England, as may be seen from several articles in *The Lancet* and other medical journals of Great Britain, although there are some writers who maintain a different opinion—among others Dr. Stephen Ward (see his "Clinical Illustrations of Diseases of the Abdominal Viscera," alluded to in *The Lancet* of 1858, pp. 310 and 359). I can scarcely think, however, that physicians who support the latter opinion have witnessed any epidemic of eruptive fever upon a large scale; had they done so, it could not have escaped their observation that at least patients attacked by the eruptive form of typhus are at the same time more or less affected with diseases of the abdominal viscera, especially the colon and ileum, and that in many cases of this nature—indeed, more frequently than is generally believed—there evidently exists an affection of the mucous membrane of the ileum near its termination in the cœcum. I still remember an extensive epidemic of eruptive typhus that broke out near Copenhagen in the year 1838, the patients of which were brought into the so-called common wards of the hospital in the town, and treated by Professor Wendt, one of the principal physicians. I was then, as a young practitioner, directing especial attention to the course of that disease, and I observed in the bodies of some of those who died considerable enlargement of Peyer's glands. In our epidemic I found, on the contrary, that a great many patients affected with eruptive typhus displayed preternatural sensibility in the right iliac region, although from other symptoms there could be no doubt as to the true nature of the disease. We know, moreover, that the physicians of Paris have witnessed epidemics of this disease, in which gastro-intestinal irritation exists in the majority of cases, and that they have regarded this state of the intestinal canal as the essential cause of the disease. I must here add that, in the many

hundreds of cases that have fallen under my cognizance during the last years, I have found very few patients entirely exempt from congestion of the mucous membrane of the colon and the ileum.

Dr. Stephen Ward says, in his very interesting "Clinical Illustrations of the Diseases of the Abdominal Viscera," "I can quite conceive the possibility of the specific exciting poisons of typhus and enteric fever co-existing in any given locality, and, as a consequence, the possibility of one or two individuals residing in such locality being affected with typhus, the other with enteric fever, or of one individual being affected with the two diseases at once." He then says, further, "that most medical men in large towns will have seen the co-existence of scarlatina and measles." This may be, but I doubt very much whether scarlatina and measles have been observed in the same patient at one time. I am, moreover, very doubtful about the distinction that this physician and many others have made between the rose-colored and the rubeolate or mulberry eruption; and the marked difference of opinion existing at present among the physicians of the Continent apparently demonstrates that on this subject there has been nothing irrefragably established. In the typical form of the disease in which the eruption appears, the number and magnitude of the spots will be found to vary considerably. I have seen them pale, roseate, dark red, and almost black. I cannot, therefore, agree in attaching, as many learned authors do, any very high importance to the precise nature of their tint. Professor Canstatt, who has written a most accurate description of all the cutaneous eruptions of exanthematic and enteric typhus, and who has observed those fevers in all parts of Europe, confesses that the colors of the true exanthema in eruptive typhus may very often be the same as that of the petechiæ so often seen in enteric typhus. If this be conceded, the diagnosis will chiefly depend on the degree of elevation and size of the spots, and the anteriority or posteriority of their appearance; for in genuine enteric typhus the petechiæ will seldom be seen before the ninth day. Be this as it may, I think that we must rely on phenomena of a more invariable character to gain any close approximation to the truth.

Probably most physicians who have seen and treated the eruptive and the enteric typhus will agree with me in considering that the symptoms as well as the causes of both these diseases are nearly the same. Both may arise from putrid effluvia, overcrowding, imperfect ventilation, bad water, uncleanness, innutritious, ill-dressed, or unwholesome food, or too frequent use of animal food. To these may be added an irregular life, exhaustion, or contagion. I have no doubt of its contagiousness, although I am aware that this is sometimes denied. It has, however, been clearly demonstrated in a monograph emanating from the pen of the eminent Danish physician, Dr. Trier. In Iceland I have found so many proofs of this, that a complete enumeration of them would protract



this paper to a tedious length. Although Dr. Stephen Ward and some English physicians doubt or deny it, I am myself prepared to advance the same proposition as Professor Canstatt, namely, that the contagiousness of enteric typhus can be contested by no unprejudiced observer.\* On the Continent, with the exception of perhaps a small minority in France, there exists almost an entire unanimity of opinion.

An accomplished English writer, Dr. Charles Murchison, Assistant Physician to the King's College Hospital, and to the London Fever Hospital, in his most interesting contributions to the etiology of continued fever, is of the same opinion; for he says, in *The Lancet* of 8th May, 1858, p. 464, "Typhus is eminently contagious. Typhoid fever is also contagious, but in a more limited degree, and possibly through a different medium." This is my opinion also. Typhus usually arises from inhalation of bad air in overcrowded dwellings, but typhoid from a great amount of inorganic impurities in water, or an immoderate use of animal food, especially if it be of an unwholesome character, and the persons taking it have digestive organs naturally delicate. This, however, does not in any way disprove the identity of the typhus poison and the typhoid—for we know that decaying organic matter may engender either.

If we look closely into the predominant symptoms of both diseases, we shall find these symptoms are very like, and have only to suppose that the as yet unknown organic poison acts in typhus especially upon the brain, the lungs, and the skin, while in the typhoid fever it has acted more upon the mucous membrane of the ileum and cæcum, from which there arises an hyperæmic state in the Peyer's glands, many times terminating in inflammation, suppuration, and gangrene. That this is really so I have been convinced of in some cases of our typhus, where the cutaneous exanthema did not make its appearance on the fourth or fifth day. In such cases I generally found more or less pain by pressure of the hand in the right iliac region, followed by diarrhoea, or with ochre-yellow pea-soup-like dejections. In some of these cases exanthematic eruptions were seen on the breast at the end of the fifth day, but it seldom then made its appearance on the extremities.

Besides the aforesaid, one symptom convinced me of the identity of the typhus and typhoid poison, and this was the truly specific odor exhaled from the patients in both these diseases. I have read that this same odor has been remarked by the genial medical writer, Dr. Hilario Barlow; for he says, in his "Manual of the Practice of Medicine," page 706, "Besides this, there is an odor peculiar to different fevers, as typhus, scarlatina and smallpox." The odor of smallpox is very well known, and has even been adduced amongst the most characteristic signs of this disease by the old medical writers. I still remember that I, as a young medical

\* Handbuch der Medicinischen Klinik verfasst von Dr. C. Canstatt. Erlangen. 1847: Zweiter Band. Page 572.

student at Copenhagen, was obliged to remark, in every journal of those affected with smallpox, whether there was a "halitus variolosus" or not, in order to be able to give a right diagnosis of the fever before the eruption. The odor of smallpox is very like the odor of salted herrings; and the odors of scarlatina, the measles and the Asiatic cholera are so specific, that we must wonder they should not already have been well described and put down in our handbooks of medicine as one of the most characteristic diagnostic symptoms of these diseases. I think Dr. Hilario Barlow quite right in advising the young medical students to cultivate all their senses, and especially the sense of smell, for had this been done in an exact manner, and with due precautions, there could be little doubt about the identity of typhus and typhoid poison. I know very well that this is a more easy trial in small Icelandic cottages than in the large and lofty wards, and it is on this account that I by the circumstances in our country have been more able to do so than my medical brethren in foreign countries. The odor of the typhus poison is so decided, that it is well known even among the peasants in this country, and they have given it the name of typhus odor, or of "Sóttarlykt," which means the "fever odor." When people come to ask my visit to one who is seized with typhus, they generally say, "We wish very much you would come to see the patient, for he is very bad off, and there is a strong fever odor about him." Sometimes they said, "Our patient is not very sick, but we are afraid of him, because there is a strong fever odor about him. We wish, therefore, very much that you would come and see him, because it is most likely the typhus, and we might also be sick by the contagion." It is very natural that in the small Icelandic houses (where there generally is allotted only about one hundred cubic feet of air for each individual), the typhus odor must be very strong and penetrating, and so it really was, for it might somewhere be called insupportable. I now tried if I could make out any difference between the odor of eruptive typhus and that of the enteric typhus, but, after many repeated trials, I came to the same conclusion, namely, that I could not find out any real difference. The odor was, of course, strongest in the overcrowded dwellings; but it was strong enough to be clearly perceived where two or three patients were in the same room of the larger ones. When the rooms were well ventilated, the odor would be weaker, but it never quite ceased unless strong and effective disinfecting compounds were used; it was, therefore, very often necessary to continue them for a longer time, day and night, before the odor was wholly destroyed. Amongst all the disinfecting compounds I tried to this end, nothing was so effective as the iodoform; but its high price often prevented my using it as a disinfecting remedy for the rooms. Chlorine gas and bromine came next, and I found Sir William Burnett's chloride of zinc solution very serviceable. In the mean time, I found out that the chlorine gas and the bromine were nevertheless to be used with great caution, in order that they should

not occasion cough, or affection of the lungs, when the air in the sick-room was too strongly impregnated by them. This effect was never seen, either with Sir William Burnett's solution of chloride of zinc, or with the iodoform, and I therefore generally used one of these last-named disinfecting substances, or charcoal. It was a fact worthy of reminding, that during the highest state of the epidemic in the spring 1860, there seemed to be a specific character of the air. The air would, namely, in the dwelling-rooms, very soon be corrupted if the windows were not thrown open many times a-day; and there was, I dare say, a bad "constitutio aerica;" but whether this was originated from the calm and the high barometer pressure which prevailed at the time, or by a want of electric tension in the air itself, I cannot tell. I have once before, in epidemic cholera, observed the same phenomenon, and, as far as I can remember, it has also been observed in this country during malignant influenza epidemics. The older physicians had a strong belief in the bad effect of what they called "constitutio aeris adynamica," and they believed that many malignant diseases might only arise from that cause; but I am inclined to look upon such a bad air-constitution only as a co-efficient cause of the malignant epidemics.

Having made many experiments with the aforesaid disinfecting compounds, I very soon found out that they did not only destroy the odor of the typhus poison, but would also prevent other persons, who were obliged to remain and sleep in the same room as the patients, to be infected with typhus; and it, therefore, very soon became an incontestable fact, that these disinfecting remedies would not only destroy the odor of the typhus and typhoid poison, but that they did also destroy the poison itself.

During this time I made some experiments to know whether the chlorine gas and chlorine water would destroy the vaccinia or not, and all these experiments went out in the affirmative. It is well known that one Dr. Schlegel, in Prussia, made many trials to destroy the contagion of Asiatic cholera during the years 1831, 1832, 1838, 1848 and 1849, and that he succeeded (see *Jahresbericht ueber die Fortschritte der Heilkunde*, 1849, von Dr. Canstatt and Eisenmann, p. 134); and it is, moreover, said in the *London Medical Gazette* for October, 1849, that Dr. W. Reid made the same experiments with the best success.

The renowned Dr. Eisenmann, in Germany, tried chlorine water in smallpox, and succeeded very well indeed. I was during three years the superintendent physician to the quarantine for cholera in Denmark—for the years 1848–52 inclusive—and during this time I made some experiments with chlorine gas on those that came into the quarantine from infected harbors, and seemed to be infected by the contagion, and sure it is, that cholera did never spread from that quarantine, but broke out in Copenhagen half a year after the quarantine had been abandoned by law.

I now made up my mind and resolved to try the internal use of

the different disinfecting remedies. I could do this with the more hope of good success, as I had seen chlorine-water used internally against the enteric typhus in Berlin, and as I knew that Professor Schönlein, the learned physician to the late king of Prussia, had formerly, in his clinical lectures on typhus and typhoid fever, recommended this remedy.

I have never been any great admirer of the "nothing-doing" or the so-named expectant practice, and I have seen plenty of its sad results. I must frankly confess that such a behavior as is often recommended by the expectant physicians is strongly against my feelings, where any hope may be to do something positive, and I wish sincerely that our modern expectant medical practice might, as soon as possible, be transformed into a real and a more positive practice; but I think that a positive practice ought always to be built upon sound and exact physiological and chemical principles.

There is now-a-days, as before mentioned, even amongst the learned physicians, a general belief that we ought to allow the typhus and the typhoid fevers to run their own course undisturbed by our art, only putting some physics against its most fearful symptoms, in case of need; but, notwithstanding the great respect I owe to my learned brethren, I think this is a great mistake which ought to be abandoned as soon as possible. The most of the physicians of our times admit the existence of the typhus and typhoid poison; but, in so doing, it seems not very consequent to tolerate a poison acting upon the system without trying to destroy it, if that is thought to be possible. Should we not, for instance, find it a great mistake, if we in a poisoned patient only would have the system itself to act against the swallowed poison? Of course, we shall in every instance of poisoning observe certain phenomena of the poisoning effect, and we may always find that the system will show a reaction against the poison itself, and this may then cause a certain succession of phenomena in some way very like that which happens during the action of the typhus poison on the body, and the reaction of the system against the poison. It therefore seems to me that the effect of the typhus and typhoid poison can be compared with certain narcotics acting upon the system—viz., the action of some stupeficientia and deliriantia on the brain and the nervous system. Now as it would not be right or advisable to do nothing in case of poisoning by strychnia, morphia, aconitina, atropina, or other vegetable poisons, so I think it not quite right to do nothing against organic poisons, in whatsoever form we might have to deal with them. It is true that the typhus and typhoid poisons may be generated in the system itself; but even in that case, I think we ought to do something in order to prevent such a dangerous accident; this seems also to be accepted by all medical men, at least to a certain degree, and all our sanitary measures are invented and tend to that purpose. But notwithstanding this, there seem still to be several circumstances in this respect not as yet well taken into due consideration. The

cleanliness in our dwellings and rooms in every respect is certainly a "*conditio sine qua non*," if we shall hope to get rid of fevers, but I think that our body, and especially our stomach and bowels, ought also to be cleaned in case of need. I know very well that purgative medicines may be abused, and are in truth often indiscriminately administered; but this, I think, is a common fault in our days, and has nothing to do with the right use of them. Sir Henry Holland, who, in his *Medical Notes and Reflections*, so eminently and clearly has treated this subject, and warned against the abuse of purgatives, says, page 454, "In truth there are cases where the bold and steady persistence in this method produces effects attainable in no other way. Such is especially the fact where the head is the part affected;" and he adds afterwards, "or, again, where the body is disordered by certain morbid matters collected and circulating in the blood, the removal of which can thus only be speedily and sufficiently obtained. The latter case, of which I have spoken more at large elsewhere, is one of much importance in pathology. I may describe it briefly here, as that attested in practice by the very large and long-continued discharge of dark grumous matters, usually termed bile, and understood to come from accumulation in the liver; but which, I doubt not, to be secreted in great part from the membrane or glands of the intestines, and to be a gradual separation from the blood of matters noxious to the system." These remarks of this able and learned practitioner are worthy to be remembered and brought into use in due circumstances. I remember very well when I was in Germany and Scandinavia, that the doctors of these countries said, "the man was seized with gastric fever, but this fever is now becoming a nervous one." Those so-named nervous fevers were nothing but the latter stages of an enteric typhus, which, in its premonitory and first stage, had shown predominant symptoms of what we generally term gastric state (*status gastricus*), and this, I think, is a very common accident in the most epidemics of this fever. It is remarkable to see how the names "*febris gastrica*, *febris biliosa*, *febris mucosa*," have disappeared from the newer hand-books on practical medicine, and are now substituted by the name of enteric typhus and even relapsing fever, and this seems to indicate that our names for fevers are not very much to be relied upon. It is generally believed that the enteric typhus cannot be curtailed, but how can we know that this is really so? I observed many facts in this epidemic that convinced me of the contrary truth; many patients who had all the premonitory symptoms of an enteric typhus, even with some diarrhœa and painful sensation by pressure of the hand in the right iliac region, recovered after some full doses of calomel, which then never failed to produce very heavy dejections of dark or dark-green grumous matter of the most offensive odor. The same grumous matter was also seen to continue for some time in those patients where the disease was either strong or advanced too far to be cut short by proceeding thus; but I must here remark,

that in all instances of our typhus and typhoid fever, purgatives produced a good effect, and even where diarrhœa was observed from the beginning of the fever. I, therefore, wholly agree with Professor Canstatt, who, with his great experience, has found that diarrhœa in the beginning of enteric typhus does not at all contraindicate the use of purgatives. Meantime, I must confess that in speaking of the good effects of purgatives in typhus and typhoid fever, I refer this chiefly to the outset or the first stage of these diseases, and I think that in doing so, I will agree with many of the experienced authorities in our century. Sir Henry Holland says, in his chapter on the abuse of purgative medicines, "There can be no doubt of the fitness of using purgatives in the early stage of most fevers."

It is a well-known fact, reported in many of the better works on practice of medicine, that the most learned German physicians have strongly recommended the use of calomel in the outset of typhoid fever, and amongst those I will only mention the names of Professors Schönlein, Canstatt, Sicherer, Rösch, Scharlau and Richter; and it is, moreover, well known that Dr. Labarraque cured 28 out of 30 patients affected with enteric typhus by his "*Liqueur de Labarraque*," which was nothing else but a saline purgative. In short, I was formerly so strongly convinced of the good effect of purgatives in malignant fevers, that I always made a bold use of them in our epidemics, and got by my experience to that point of evidence, that I at last looked upon them as quite indispensable, both in eruptive and enteric typhus. I was of course led to this by long and melancholy experience; for I always found that when purgatives had been either not used at all or insufficiently administered, I was, without exception, in the latter stages of those fevers, sure to meet with the most malignant symptoms, as meteorismus, continued foetid diarrhœa, malignant ulcers in back and on the hip-joints, the greatest nervous depression, stupor, and gangrene of the lungs.

Regarding the use of emetics I was much more cautious. I know very well that they are still used by many physicians in these diseases, and are, of late, even recommended by the very highly experienced Dr. Jackson, in America (see the *Association Medical Journal*, 26th January, 1856, p. 69); but, nevertheless, I have very little confidence in their use in typhus and typhoid fever, except in a very few cases, when, in order to clean the stomach from impurities, there may be a rational demand for them. When I was in Copenhagen I saw them seldom do much benefit; in our epidemics it has been the same. Many physicians formerly believed that they might curtail the typhus and typhoid fever, if they were duly given in the outset of these fevers; this may sometimes have happened, but I think it in many cases rather to have been a result of their purgative effect than the emetic virtue. For our epidemics they had many times been called in use before my arrival to the sick, but I very seldom

saw any good effect of them, for they generally weakened the patients and never curtailed or mitigated the fever.

After what has now been said, it will be easy to guess the indications for my disinfecting treatment of typhus and typhoid fever, which were—

1st, To prevent overcrowding in the farm-huts and cabins as far as possible, where this in any way could be done.

2d, To have the windows thrown open as often as the season would allow it, and make holes for ventilation where this could be most effectually done, for purifying the air.

3d, To destroy every offensive odor about the sick, and even the smell of the sickness itself.

4th, To introduce cleanliness in every respect.

5th, To clean the bowels of the patients as soon as possible in an effective and perfect manner.

6th, To destroy instantly the odor of evacuations from the patients.

7th, To use internally disinfecting medicines in a bold and consequent manner.

8th, To support the strength of the patients by easily digestible but nourishing foods.

The first indication could very seldom be fulfilled, but it was done whenever possible. The second indication was, for the most part, tolerably executed, especially when the people got afraid of the contagion, and therefore dared not shut their windows, but followed for the most my advice in opening them.

The third indication was, after the lapse of some time, when the people had seen the good effect of it, boldly executed; and the remedies applied to this purpose were the aforesaid disinfecting compounds—viz., chlorine gas, Sir William Burnett's chloride of zinc solution, iodoform and charcoal.

The fourth indication met with many obstacles, and could seldom, on account of bad habits or poverty, be executed as it ought to have been, or would have been, if cleanliness were a more common virtue in this country.

The fifth indication was fulfilled by administering a full dose of calomel, sulphate of magnesia, or sulphate of soda, all in large and repeated doses, according to age and other circumstances. The calomel was generally given in a dose of ten to twenty grains every day or every second day, until the fœtid odor of the dejections was gone. As the effect of this treatment, I may mention the lessened tenderness in the right iliac region and in the whole abdomen, lowering of the pulse, diminished headache, and more clear consciousness of the mind, when from the beginning there had been stupor or coma. In some cases sulphate of magnesia was given in a dose of a half or one ounce, until I was pretty sure of the bowels being well cleaned, and all bad odor of the evacuation had disappeared.

In order to execute the sixth indication, sulphate of iron was generally put into the water-closets before they were used; but, in some cases, chloride of lime was used for the same purpose. By these disinfecting compounds no odor of the dejections could be felt, although the patients had very large and noxious-smelling evacuations. I think that every one who knows the small and dirty Icelandic huts will agree with me that this is a quite indispensable proceeding to purify the air, where many patients are crowded together in small rooms. This method seldom failed to produce a happy effect upon the patients. The seventh indication was executed in several manners. If the patients were supposed to have strong and healthy respiratory systems, they were made to inhale iodoform or chlorine gas mixed with the air. The former remedy was most frequently used, and the good effect of it (according to my experience) is undeniable. It was in some instances given internally, dissolved in ether, and seemed often to produce a well-marked relief, and especially it was observed to check coma and delirium. The chloride of lime was never used internally, but the patients were often made to inhale the vapor of a concentrated solution of chloride of lime, which was managed in this manner:—Linen strips were dipped in the solution, and hung up to dry by the bedside, which caused a continuous chlorine gas exhalation in the room. By patients with weak and irritable lungs the iodoform was always preferred to the chlorine gas.

The eighth indication, namely, to support the strength of the patients, was fulfilled by nourishing food and decoction of bark; and this was sometimes recurred to in the third stage of the fever, in order to prevent death from exhaustion. It seems to me that many physicians are too much afraid of using nourishing diet in typhus fever, forgetting the great loss of nitrogenous compounds which this sickness, by the large excretion of urea, produces. I have seen many typhus patients in this country, who, as soon as they were able, took very nourishing food, which would never be allowed in the hospitals of Europe, recover speedily; and, comparing this fact with the languishing and protracted recovery in the hospitals, I conclude that nourishing food in the latter stages of this fever is quite indispensable.

As to the result of my treatment, I am obliged to make some remarks, and in so doing it is necessary to mention the ravages of the typhus fever in our country during the years 1859 and 1860. In the northern part of this island, and on the western shores, a good many patients fell victims to it; so that in some parishes the mortality was no less than 1 in 16, or even 1 in 14, of the whole population. In some parishes every tenth inhabitant died from the sickness; and in many places where no medical aid could be obtained, the mortality of the whole population for the year 1860 was 1 in 15 or 16. At the same time the mortality for the town of Reykjavik was only 1 in 29, and for the adjacent parish 1 in 27.



Being the whole time obliged to go from one hut to another, and, besides, to make many visits in the neighboring country, it was impossible for me to calculate the number of my patients in a perfect and accurate manner. I only know this (as aforesaid), that during the years 1858-61 I have had a number of not less than 900 cases of typhus and typhoid fever under my treatment, and that out of this number I have lost no more than 30 patients from this disease. In a neighboring parish the number of the patients was 95, and out of this number only two died. I am, therefore, inclined to believe that if my disinfecting treatment had been carried on under favorable circumstances, the result might most probably have been still more conspicuous.

It is, I think, an acknowledged fact, that the eruptive and enteric typhus are dangerous fevers; and, although some physicians believe that the eruptive typhus is less dangerous than the enteric typhus, we have in this country, during the last epidemic, proofs of its malignity, which led to the enormous mortality of 1 in 6 of the inhabitants in some places. Almost the same fatal mortality as happened here, occurred during the last epidemic in the Westmanna Islands. The physician of that place fell at the outbreak of the epidemic a victim to the typhus, and out of 400 inhabitants 40 died afterwards. In some parishes in the east part of this island it is related that the mortality sometimes rose to 1 in 3 of the affected.

Mortality of typhus is, as we know, very variable, according to the nature of the epidemic, constitution and other circumstances. In Hooper's "Physician's Vademecum," fifth edition, it will be seen, page 274, that the mortality of adynamic fevers in Edinburgh and Glasgow has very often been 1 in 10, and even 1 in 6 or 7, or as great as in some parishes of this island during the last epidemical typhus. From several articles in *The Lancet* I learn, moreover, that mortality of typhus in the hospitals of London is very often found to be 1 in 10, or even 1 in 8; and, according to Dr. Trier, of Copenhagen, the mortality of typhus and typhoid fever in that city has generally been 1 in 8, or sometimes 1 in 6. In Germany and France it is well known that the mortality from malignant fevers in the hospitals is generally 1 in 9, and sometimes 1 in 7; but in Russia, namely, St. Petersburg and Moscow, it is still less favorable, being in some epidemics 1 in 5.

It is generally accepted now-a-days, that physicians, before the determination on the adoption of a particular method of treatment, should always first inquire what would happen in this case if no remedies whatever were employed: or, in other words, if the patients were altogether left to nature, that is, to the efforts of their own constitution. Many renowned physicians will say, "The living machine, unlike the works of human invention, has the power of repairing itself. It contains within itself its own engineer, who, for the most part, in by far the greater number of cases, requires no

more than some very slight assistance of our hands," &c. This is the fashionable talk of the most celebrated physicians in our time; but I have always thought that this principle is of as little use to medicine as it is unworthy of a science which now claims the name of an "exact learning." But fashion has a strange power, and thus this "inactive treatment" is become a general rule amongst the physicians of Europe in our century. In the meantime it seems to me that the modern medicine has by this principle involved itself in some contradictions, or why do we then cure scurvy with large doses of citric acid, inveterate syphilis with large doses of iodide of potassium, intermittent fever with bark, rheumatism by repeated doses of bicarbonate of potassa, lithic diathesis and oxaluria with larges doses of carbonates and strong mineral acids? Why do we at all give remedies for poisons? And if we give remedies against mineral and vegetable poisons, why not also for organic poisons? I hope that very few physicians will now-a-days deny the origin of malignant fevers from organic poison; but, if this is accepted to be true, why should we then not try by all possible means to destroy these poisons? Pure air is, no doubt, the most common destroyer of organic matter, and it is, I think, on this account that the modern ventilation has done so much good to prevent and cure malignant fevers. We may, I hope, go still farther, and clean out the organic poison from the human body by a right use of the principles of modern chemistry; but, leaving the destruction and elimination of fever poisons from the body to nature's efforts alone, we may, I think, very often be mistaken and disappointed.

Regarding the melancholy ravages of our epidemic typhus when it was allowed to run its own course, or whenever the patients were unaided by the medical interference, I can hardly doubt that my positive disinfecting treatment has been of some value, and I should indeed feel very happy if these few remarks could induce some of my dear colleagues to give it a fair trial.—*Edinburgh Med. Journal.*

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OVERCROWDING OF MILITARY HOSPITALS.—In the French military hospitals 1700 cubic feet of air-space are allowed by regulation to each patient. In this country the minimum is fixed at 1000 cubic feet. And yet of our 150 military hospitals, we venture the assertion that not five per cent. allow 800 cubic feet of air-space to each patient, whatever may be their system of ventilation. In the majority 700 cubic feet is the maximum of air-space to each patient, and from this point hospitals may be instanced representing various figures in the descending scale as low as 250 cubic feet. And this last amount—little better than the famous Black Hole—is the maximum of air-space allowed in hospital buildings originally constructed for barracks, and almost destitute of ventilation. In large numbers of hospitals the beds are arranged at given intervals, without the slightest regard to the cubical area of the wards. The results of overcrowding are apparent in every hospital where it is practised, in the prevalence of low forms of fever, erysipelas, &c.—*American Medical Times.*

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON: THURSDAY, NOVEMBER 27, 1862.
 

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We publish the following letter of thanks from the Governor of the State to Dr. Gay and the surgeons who accompanied him on his visit to Washington to aid in the care of the wounded after the unfortunate retreat of General Pope. Dr. Gay's admirable report has already been published in full, and a lengthened notice of it appeared in the Journal of Nov. 6th. The promptness of the members of the profession who have so often responded to the repeated calls of Government to assist in alleviating the sufferings of our wounded men, is most honorable to the body they represent, and the dignified and well-timed acknowledgment of the Governor is an evidence of his high appreciation of the services thus rendered to the State and country.

{ COMMONWEALTH OF MASSACHUSETTS, EXECUTIVE  
DEPARTMENT, BOSTON, NOV. 10, 1862.

To GEO. H. GAY, M.D., BOSTON.

SIR,—I have received from the Surgeon-General of the Commonwealth your report made to him under date of Oct. 1, 1862, of the observations made by yourself and the surgeons who accompanied you to Washington, on Sunday, Aug. 31st, in answer to a call made by the Secretary of War.

I take great pleasure in returning to you my most cordial and sincere thanks, in behalf of the people of the Commonwealth, for the prompt zeal with which you, with the gentlemen who accompanied you, responded to this sudden call, and for the invaluable services which you were able to render to the wounded and suffering soldiers of Massachusetts, lying upon the battle-field and in the hospitals, thus proving to them that, though far from home and the tender care of friendly hands, their native State was not unmindful of their sufferings and wants. Your generous alacrity has reflected the highest credit upon you, attesting alike your zeal as patriots and the humanity with which you respond to the calls of your profession.

I would thank you, also, for the elaborate and carefully-prepared tables that accompany your report, and desire through you to make my most sincere acknowledgments to the gentlemen who accompanied you on this service.

I have the honor to be, very sincerely,

Your obedient servant, JOHN A. ANDREW,  
*Governor of Massachusetts.*

MR. EDITOR,—I take the liberty to ask whether room enough cannot be afforded on one of the pages of your Journal for such a table of French weights and measures as would enable those not familiar with them to find their equivalents in English. In the Journal of the 6th of November, page 286, is the following formula for hoarseness:—Liquid ammonia, 10 drops; syrup of Crysimum, 45 grammes; infusion of blossoms of the lime tree, 90 grammes; all to be taken in one draught. If this cured Napoleon I., some Yankee might be disposed to try it. But what is Crysimum? I do not find it in Dunglison's Dictionary, 1860, nor in Griffith's Dispensatory. I suppose that a large proportion of the readers of your Journal would require some time to trans-

late a recipe from a French apothecary. Let our students of medicine at Paris, before sending a recipe to one of our journals, translate it, if they know how ; or let there be a standing table in the Journal from which every country physician may cypher out the true English.

Query. What and how much was the "Royal potion" which Napoleon took with the effect of preparing his throat for making a speech ?

A READER.

In reply to our correspondent, we can only say that we are at a loss to conjecture what is intended by the word *Crysinum*, unless it be *Crysanthemum*. The latter is a mild tonic remedy, and is sometimes used in Europe in certain pulmonary affections, and its syrup might very well be combined with the other remedies mentioned above. It is possible that the syrup of orange, formerly known as *Chrysomelia*, may be the article referred to.

With regard to the employment of French terms in designating weights and measures, it may be said that all well educated physicians are supposed to be acquainted with their relative value ; at all events, such a table as our correspondent suggests is already to be found in the United States Dispensatory, which is presumed to be, or ought to be, always at hand on the table of every practitioner. A *gramme* is the unit of weight according to the modern French system, and is about equivalent to fifteen of our Troy grains. A tenth of this, called a *decigramme*, according to the decimal system, would therefore correspond very nearly to our grain. The old French grain, also in use, is considerably less than our own, seventy-two constituting our drachm.

BERKSHIRE MEDICAL COLLEGE.—The Commencement exercises of Berkshire Medical College occurred on the 19th inst., consisting of prayer by Rev. Dr. Todd ; reading and defending theses, by candidates ; conferring degrees, by President H. H. Childs ; address to the Alumni, by Dr. E. N. Bostwick ; Valedictory to the Graduates, by Prof. Wm. Warren Green.

The following gentlemen received the degree of Doctor in Medicine.

NAME.	RESIDENCE.	THESIS.
F. F. Brown, A.M.,	Sudbury, Mass.,	<i>Insanity.</i>
D. T. Brown,	Danby, Ill.,	<i>Signs of Pregnancy.</i>
G. T. Ballard,	Holland, Mass.,	<i>Vis Medicatrix Naturæ.</i>
Noah Cressy,	Rowe, Mass.,	<i>Animal Heat.</i>
George Collins,	New Gloucester, Me.,	<i>Diphtheria.</i>
Nathan Camp,	Troy, N. Y.,	<i>Typhoid Fever.</i>
C. R. Davis,	Greenport, N. Y.,	<i>Progress of Med. Science.</i>
D. B. N. Fish,	Amherst, Mass.,	<i>Duties of a Physician.</i>
E. A. Hutchins,	Keesville, N. Y.,	<i>Phthisis Pulmonalis.</i>
Thomas Henderson,	Amherst, Mass.,	<i>Gun-shot Wounds.</i>
E. B. Lyon,	Woodstock, Conn.	<i>The Medical Practitioner.</i>
O. E. Ross,	Cornwall, Vt.,	<i>Hæmoptysis.</i>
W. H. Scott,	Lanesboro', Mass.,	<i>Diphtheria.</i>
D. Saterlee,	Gale's Ferry, Conn.,	<i>Gun-shot Wounds.</i>
W. O. Smith,	Durham, N. Y.,	<i>Differential Diagnosis of Thoracic Disease.</i>
J. J. Towl,	Middlebury, Vt.,	<i>Sycosis.</i>
W. H. H. Varney,	Charlotte, Vt.,	<i>Tuberculosis.</i>
Isaac Poole,	Halifax, Mass.,	<i>Death.</i>
J. S. Talbot,	Wilmington, Vt.,	

CLEANLINESS IN HOSPITALS.—The great importance of perfect cleanliness in and about hospitals is well illustrated by the following facts mentioned by a writer in the *Chicago Medical Journal* :—

"I have charge of the flag hospital, which is made up of two wards or rooms, separated by a simple board partition, and there is one curious fact in this connection which is inexplicable to me, and that is, that the mortality in the two wards is as four to one. The number of patients in the two wards differs but little, and the care and attention on the part of the nurses is the same, and I am sure that there is no want of care as to ventilation, and still four die in ward eight for every one in ward nine. Neither is there any selection of patients; they are sent indiscriminately to either ward wherever a vacancy occurs. The ventilation of the two is alike. There is only one fact that seems to bear on it, and that is, that south of ward eight there were a number of privy sinks, and as our principal winds were from the southwest the stench from these came directly through this ward. Whether this was sufficient to account for it, with the free circulation of air which was maintained, or whether it was simply a coincidence, I am unable to determine; but sure I am that it was to me a very curious fact. This difference was not only for a week, by an accidental accumulation of bad cases, but was maintained during my entire service. Many who recovered of slight ailments, remaining as a matter of comfort or convenience for ration day, relapsed and died; so that at last I allowed none to stay longer than when they were able to go to their quarters."

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HOSPITALS IN SAN FRANCISCO.—One of the largest of these noble institutions is St. Mary's Hospital, under the care of the Sisters of Mercy. "This fine building," says the *Pacific Medical and Surgical Journal*, "is situated on the corner of Bryant and First streets, in the eastern quarter of our city, on an elevated and healthy site, commanding a magnificent view of the Bay of San Francisco and the surrounding country. The portion erected is a little more than half of the contemplated hospital. It now measures 75 by 150 feet on the ground, and presents a fine front, four stories in height. The internal divisions are admirably adapted for the purposes designed. The ceilings are high, and the ventilation, light, &c., have been properly attended to. There are warm, cold and shower baths on each floor, with gas throughout the building. Besides twelve large and commodious wards, furnished with all the requisites usually found in the best establishments of the kind, there are a sufficient number of private rooms neatly fitted up, several of which are appropriated to midwifery cases. Patients in the general wards are charged \$10 per week—including board, lodging, medical attendance and medicine; \$20 in private rooms. The hospital is under the professional charge of Dr. Toland, as visiting surgeon, and Dr. M. W. Lee, as resident physician. Patients occupying private rooms may, at their option and individual expense, employ their own physicians. The French and German Benevolent Societies in San Francisco have large and comfortable hospitals, established for the purpose of affording assistance to sick members."

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MEDICAL EXAMINATION BY CONCOURS.—As many of our readers are perhaps unacquainted with the mode adopted in the French Hospitals and Schools in the selection of teachers and professors, we quote the following from the Paris correspondence of the *London Lancet*:

"M. Devergie, one of the physicians of St. Louis, has written an interesting letter to the papers, in which he suggests certain important modifications of the existing programme for the *concours* of ad-

mission to the Bureau Central. As one of the judges in the late examination, by which MM. Luys, Parrot, and Tamarel-Mauriac, have been called to fill the existing vacancies, he has been struck by certain deficiencies, which he proposes to remedy. 'The *concours* for admission to the Bureau Central,' he observes, 'is the most important event in the life of the medical man of this capital. It opens to him the doors of the hospital, because the medical staff of this institution are called upon in turn to fill up the vacancies which, from age, resignations, or death, may occur. The number of candidates is often considerable (as many as thirty-six or forty for one, two or three places). Nearly all have been hospital *internes*, and some have presented themselves already seven or eight times.' The examination consists of two parts, one being for the purpose of elimination, the other for that of selection. If one vacancy only exist, five candidates are reserved from the whole number by the first process; if two, eight, and if three, ten. In the first stage of the *concours* there are two kinds of probation, the one *clinical*—namely, the examination of a patient for ten minutes—followed by a clinical lecture upon the case, *without time for reflection*, the lecture to last a quarter of an hour; the other, a *written examination*, the questions proposed being answered in three hours. For the concluding trial between the candidates reserved, a clinical examination alone is resorted to."

**THE NEW PHARMACOPŒIA.**—Several difficulties having arisen with regard to the new Pharmacopœia, Parliamentary interference has become necessary to remove them. A bill has accordingly been brought in by the Lord President, consisting of two clauses. The first provides that the General Council of Medical Education and Registration shall be deemed to be and to have been, from the date of its first establishment, a corporate body, with a capacity to hold lands for the purposes of the Medical Act. The second directs that the British Pharmacopœia, when published, shall for all purposes be substituted for the existing Pharmacopœias, and that any Act of Parliament, order in Council, or custom relating to any of these, shall be deemed, after the publication of the British Pharmacopœia, to refer to it.—*Edinburgh Medical Journal*.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, NOVEMBER 22d, 1862.

##### DEATHS.

	Males.	Females	Total.
Deaths during the week, . . . . .	42	32	74
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	37.0	36.8	73.8
Average corrected to increased population, . . . . .	..	..	81.33
Deaths of persons above 90, . . . . .	..	0	0

PAMPHLETS RECEIVED.—Address delivered before the Medical Class of the University of Vermont, by Charles L. Allen, M.D.—Catalogue of the Trustees, Overseers, Faculty and Students of the Berkshire Medical Institution, for the year 1862.

DEATHS IN BOSTON for the week ending Saturday noon, November 22d, 74. Males, 42—Females, 32. Accident, 1—apoplexy, 3—disease of the brain, 2—inflammation of the brain, 2—bronchitis, 2—cancer, 3—cholera morbus, 1—consumption, 17—convulsions, 3—croup, 4—cyanosis, 1—debility, 1—diphtheria, 1—dropsy, 1—dropsy of the brain, 3—epilepsy, 1—scarlet fever, 4—typhoid fever, 2—hæmorrhage, 1—disease of the heart, 2—infantile disease, 2—disease of the kidneys, 1—congestion of the lungs, 1—inflammation of the lungs, 2—marasmus, 2—old age, 1—pericarditis, 1—premature birth, 1—puerperal convulsions, 1—suicide, 2—unknown, 5—whooping cough, 1.

Under 5 years of age, 26—between 5 and 20 years, 10—between 20 and 40 years, 18—between 40 and 60 years, 12—above 60 years, 8. Born in the United States, 51—Ireland, 15—other places, 8.

# PHARMACEUTICAL GRANULES AND DRAGEES

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**GARNIER, LAMOUREUX & CO.**

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These Granules and Dragees are recognized, both in Europe and in the United States, as the most reliable way of dispensing valuable medicines. Physicians will find many worthless imitations, and they must be careful to see that the Pills dispensed by the Druggist are made by Messrs. GARNIER, LAMOUREUX & Co., Members of the College of Pharmacy, Paris. The following are some of the principal preparations:—

## DRAGEES.

	U. S. P.		U. S. P.
Aloes and Myrrh,	grs. 4	Magnesia and Rhubarb, each	grs. 1
Compound Cathartic,	3	Quevenne's Iron, reduced by Hyd'n,	1
" "	1½	Cynoglosse,	1
Aloetic,	4	Proto-Iodide of Iron,	1
Assafœtida,	4	Lactate of Iron,	1
Aloes and Assafœtida,	4	Sulphate of Quinine,	1 & 2
Dinner, Lady Webster's,	3	Valerianate of Quinine,	1
Compound Calomel, Plummer's,	3	" of Zinc,	1
" " "	1½	" of Iron,	1
Blue Pills,	3	Citrate of Iron and Quinine,	2
Opium Pills,	1	" of Iron,	2
Calomel Pills,	2	Willow Charcoal,	2
Opium et Acet. Plumb., each	1	Diascordium,	2
Extract of Rhatany,	2	Anderson's Antibilious & Purgative,	2
Compound Rhubarb,	3	Extract of Gentian,	2
Compound Colocynth,	3	Iodide of Potassium,	2
Compound Squills,	4	Calcined Magnesia,	2
Dover Powders,	3	Rhubarb,	2
Carbonate Iron, Vallett's formula.		Ergot Powder, covered with sugar	
Carbonate of Manganese and Iron.		as soon as pulverized,	2
Kermes,	1-5	Phellandria Seed,	2
Santonine,	½	Washed Sulphur,	2
Bi-Carbonate of Soda,	4	S. N. Bismuth,	2
Meglin,	1	Tartrate Potassa and Iron,	2

## GRANULES.

*Of 1-50 of a grain each.*

Aconitine,  
Arsenious Acid,  
Atropine,  
Digitaline,

Morphine,  
Strychnine,  
Valerianate of Atropine,  
Veratrine.

*Of 1-6 of a grain each.*

Tartar Emetic,  
Codeine,  
Conicine,  
Extract of Belladonna,

Extract of Hyosciamus,  
" of Ipecac,  
" of Opium,  
Proto-Iodide of Mercury,

Lupuline,	gr. ½	Extract Rad. Aconite,	gr. ½
Extract Nux Vomica,	½	Emetine,	½
Veratrine,	1-24	Iodide Mercury,	½
Sulphate of Morphine,	1-8	Valerianate Morphine,	1-8
Corrosive Sublimate,	1-12	Acetate Morphine,	1-8
Nitrate of Silver,	½	Digitaline,	1-24
Extract of Hyosciamus,	½	Strychnine,	1-12

Colchicum (each granule equal to two drops of tincture.)

## DRAGEES.

Copaiba, pure solidified,		Cubebs, pure,	
Copaiba and Cubebs,		Cubebs and Alum,	
Copaiba, Cubebs and Citrate Iron,		Cubebs, Rhatany and Iron.	

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60 John street, between William and Nassau streets, New York.

For sale in Boston, by I. BARTLETT PATTEN, Druggist, 27 Harrison Avenue. To any Physician or Druggist who will forward his address, with stamp enclosed, a price list will be sent. May 29—6m

# MEDICAL JOURNAL ADVERTISING SHEET.

**DARTMOUTH MEDICAL COLLEGE.**—Winter Dissections.—A Course of Practical Anatomy will commence at the dissecting-rooms of the College Dec. 1st, and continue during the winter months.

Fresh material will be furnished, and daily recitations and demonstrations attended.

The anatomy of the different regions will be considered in their relations both to Physiology and Surgery.

Students received for the dissecting term or for the year, with daily recitations.

Fees.—For the dissecting term inclusive, \$15.00  
For the year, \$50.00

A. B. CROSBY, M.D.  
Hanover, N. H., November, 1862. N 20-3t

**SPRING LEVER TRUSS.**—The attention of gentlemen of the Medical Profession is particularly invited to the above-named instrument as the best yet invented for the retention of hernia, and for its cure, in cases where cure is possible. The pad has a circular inward and upward action, wholly unlike any Truss yet invented, and is perfectly under control for much or little pressure. For complete description, see pamphlet, which will be sent on application.

Those wishing to give it a trial, will please send measure and description of case.

Patients visiting our establishment will have the Truss adjusted by a physician, and satisfaction will be warranted.

Also, constantly on hand, a complete assortment of Elastic Hose, and of Surgical Instruments. Catalogues of which will be sent on request.

CODMAN & SHURTLEFF,  
Nov. 20—caw 13 Tremont st., Boston.

**ALEXANDER WOOD'S SYRINGES FOR SUBCUTANEOUS INJECTION,** sent by mail on receipt of price, \$4.

Cannula's Double Stethoscopes,  
Dix's and Anagnostakis's Ophthalmoscopes,  
Clark's Otoscopes,  
Goodwin's and Skinner's Splints,  
Hurge's Apparatus for Fracture of Thigh,  
French Skeletons and Preparations,  
Physicians' Medicine Trunks and Pocket Medicine Cases.

Spongio Piline (substitute for poultices)  
Elastic Hose for Varicose and swelled limbs  
White's Trusses and Supporters,  
Syringes of every description,  
Galvanic Batteries, &c.

Also, a complete assortment of Surgical Instruments and Appliances, a priced Catalogue of which will be furnished on application.

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**ELIXIR BARK AND PROTOXIDE OF IRON.**

—This pleasant and highly efficacious combination, the formula for which, has been in the hands of physicians for more than a year, we can now furnish in gallon, half-gallon, and pint packages. The desirable point is here attained of combining with a *proto-salt* of iron cinchonine and quinine, the active principles of Calhays Bark, in the form of a pleasant, agreeable elixir.

Specimens of the Elixir, together with the formula, will be furnished physicians upon request.

J. R. NICHOLS & CO.,  
Jan. 9—1f 12 Kilby st.

**RETREAT FOR NERVOUS INVALIDS.**—At

Pepperell, Mass.—The undersigned, having taken the Establishment for many years occupied by the late N. S. CURRIER, M.D., as a Retreat for Nervous Invalids, will continue to receive patients as heretofore. We are pleased to refer such to

Luther V. Bell, M.D., *Charlestown, late of the McLean Asylum.*

Chas. E. Ware, M.D., No. 1 West st., Boston,

Ed. J. Davenport, M.D., 20 Bedford st., "

J. A. Wood, M.D., Marlboro' Hotel, "

Chas. F. Jones, Esq., 55 State st., "

JAS M. STICKNEY, M.D.  
Pepperell, Oct. 18, 1860. Jan 9, '62—1yr

**IMPROVED SPERMATORRHEA RINGS.**—of pure silver, for preventing and curing nocturnal emission. Price \$3.—to physicians, \$2. They can be sent by mail in a letter. Also, a large assortment of elastic, glass and metal Syringes, Breast Pumps, Nursing Bottles, &c. &c., for physicians' and family use. Sold by E. M. SKINNER, successor to J. RUSSELL SPALDING, 27 Tremont street, opposite the Museum, Boston, Mass. March 19.

**DR. GEORGE B. WINDSHIP,**  
PARK STREET,  
Near Tremont st.,  
Oct. 23-1y. Boston.

**PALMER'S PREMIUM ARTIFICIAL LEG!**—This world-renowned invention is far superior to all other Artificial Legs manufactured either in Europe or America. No less than four patented improvements have been taken out for it, since its first introduction. Every desirable change that mechanism is capable of producing has been introduced, until, in the recent language of one of our most celebrated Surgeons (Henry J. Bigelow, M.D.), "it is very near perfection." Several imitators have recently sprung up, who are endeavoring to deceive the public by pretended improvements, which, in their practical application, are absolutely worthless. All "lateral motion" of an Artificial Foot simply renders the action unsafe; the foot in a short time becoming rickety and noisy, and consequently liable at any time to break from its connections. The "Palmer Artificial Leg" has stood the test of years, and all the truly practical improvements, which inventive skill, aided by the personal use of an Artificial Leg, could suggest, have been introduced.

The fact that nearly 4000 persons are now wearing the "Palmer Leg," testifies to its superiority over all others. The "Great Prize Medal" was awarded to it in London over thirty-five competitors from all parts of Europe.

The "Palmer Artificial Leg" is lighter than any other, yet capable of sustaining a continuous pressure of over 500 lbs. It is more natural in its movements. It more closely resembles the natural leg, it being impossible to distinguish it. It is more durable, wearing for years. It requires less repairs. It can be afforded for a less price. A line out of test of the most celebrated Surgeons in all parts of the world recommend the "Palmer Leg" in preference to all others.

All pretended improvements over it are simply theoretical notions, intended to deceive. The extended reputation of this invention is a sure guaranty to the patient, that in procuring the "Palmer Leg," they will secure the best, and run no risk.

The patient is enabled to walk immediately upon its application. It is applied to the shortest and tenderest stumps with perfect success.

The Surgeons of the Massachusetts General Hospital recommend this invention over all others.

Pamphlets, giving full information, sent gratis to all who apply.

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BOSTON MEDICAL AND SURGICAL  
JOURNAL.

EDITED BY  
SAMUEL L. ABBOT, M.D.

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Brunswick, Me., Nov. 1862.  
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Albany, May 8, 1882.—U

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**THE**  
**BOSTON MEDICAL AND SURGICAL JOURNAL.**

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**VOL. LXVII.**

**THURSDAY, DECEMBER 4, 1862.**

**No. 18.**

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**ENORMOUS HYPERTROPHY OF THE OS AND CERVIX UTERI,  
FORMING AN EXTERNAL TUMOR, AND ENTIRELY RE-  
LIEVED BY EXCISION.**

**BY HENRY A. MARTIN, M.D., SURGEON U. S. VOLUNTEERS.**

[Communicated by Dr. J. MASON WARREN to the Boston Society for Medical Improvement and to the  
Suffolk District Medical Society.\*]

MRS. M., negress, aged 55, formerly a slave in Alabama. She gave birth to her first child twenty-seven years since; labor was not unusually severe, and nothing unusual followed it. Her second labor took place twenty-four years since, and was natural, but two months afterwards she noticed a tumor protruding from the vulva. Seven years after this, she miscarried in the fifth month. The next year she became again pregnant, went to her full time, and after an extremely tedious and exhausting accouchement of six days was delivered, without instrumental aid, of a living male child. During the entire term of pregnancy and parturition, the tumor, now of greatly increased size, continued to be external. The patient assures me that the child passed through this external tumor in the act of delivery. She again became pregnant in three years, but miscarried in the fifth month, and within the following year was again twice pregnant and each time miscarried in the third month.

Mrs. M. first became my patient about twelve years since. I found her suffering from extreme pain in the inguinal and lumbar regions, but not confined to these, with tenderness of the entire abdominal surface—symptoms, in fact, of severe dysmenorrhœa. She had suffered from such attacks, generally at the menstrual period, for many years, and their severity had been greater at each successive attack.

On examination of the tumor, which protruded from the vulva, I found it of the form and of about three fourths of the size of the plaster cast which accompanies this narrative. In this necessarily very

---

\* The specimen, with the cast, has been presented by Dr. Martin to the Warren Museum.

hastily written paper, I cannot give anything like a history of the case for the twelve years it has been in my care, nor would it be of much interest to know of the many contrivances which I made, with a view to promote the patient's comparative comfort; for the adaptation of neither of them was followed by more than very partial success. Among other devices I made a gigantic pessary, in the manner of Simpson and Valleix, with an intra-uterine stem nearly as large as the fore-finger, rising from a shield three inches in diameter. This was connected with a steel wire of proper curve and elasticity, and attached to an abdominal belt. From this contrivance I expected great things, and attained greater than, I think, has, in the hands of anybody but Simpson, been found to result from the employment of the "great original" from which it was drawn. I think that such an instrument might be of some use for a patient not obliged to make any considerable exertion; but cases of "*Procidentia*" in its various forms are found generally among those who drag out a weary existence at the hard price of constant toil. In the case of Mrs. M., the pressure made by the tumor itself and by the action of the abdominal muscles on the uterine mass during her daily labor, was found too great for any amount of mechanical support which could be thus supplied, and the machine was abandoned, as were all others, except a bag of strong but soft linen made to fit the tumor loosely and attached to a perineal bandage and an abdominal belt. This she continued to wear till the removal of the tumor. Mrs. M. continued to suffer from the attacks referred to, and to such an extent that, for perhaps the third part of each year, she was confined to her bed, helpless and suffering extremely. Rest, in the recumbent position, the free use of opiates, and fomentations to the abdominal surface, constituted the chief treatment. At ordinary times the tumor was painless, even on pressure, but at the period of the attacks became very sensitive, and particularly at the portions of its surface which were ulcerated. It was my practice to cover the entire protrusion with woven lint spread with simple cerate or ointment. Beyond these merely palliative measures, I thought much as to how I might afford some more enduring relief to the patient, for she was poor and grateful for every kindness; she was one of those of whom Boerhaave (who did not always practise as he preached) said, "The poor are our best patients, for God is their paymaster." Certainly the gratitude and attachment of this poor woman has been the very best and richest professional fee I have ever received. I touched the ulcers with the nitrate of silver often enough to ascertain that such treatment would be inefficacious in this instance. During the first years of my attendance, it was possible to return the tumor within the vagina, so that its distal extremity lay just within the vulva. I found, however, that when retained in this position for a few hours, abdominal uneasiness commenced and increased, threatening one of the attacks from which so much suffering was experi-

enced. I abandoned, therefore, any attempt to diminish the vulvar aperture by an operation for this reason, and because, also, I felt assured that the septum produced by the union of the vaginal surfaces would not resist the constant pressure of so large a mass. I then took into consideration plans for the removal of a considerable portion of the diseased mass, and concluded that, when menstruation should have ceased, I would do so by amputation or resection. The patient was about 46 years of age, and menstruated regularly, but it was to be supposed that she would not much longer. I told her that, when menstruation should have ceased, I would operate, and she consented; but month after month and year after year passed on, and regular menstruation continued.

In the spring of 1861, offers having been made to me of a desirable position in the army, I contemplated leaving Roxbury, and Mrs. M. begging me to do anything before my departure which might afford her permanent relief in my absence, I proposed and performed the amputation of the entire os and a large portion of the cervix uteri on the 29th of May.

The patient was instructed to take moderate doses of castor oil on each of the two days preceding that appointed for the operation, and on the morning of the day a light breakfast of gruel. The following measurements of the protruded mass were ascertained previous to the operation. From anterior commissure of labia to extremity of tumor,  $4\frac{1}{2}$  inches. From posterior commissure to extremity of tumor, 5 inches. Diameters—transverse,  $3\frac{1}{2}$  inches; vertical,  $3\frac{1}{2}$  inches. A catheter introduced into the os could be passed up three inches without meeting any obstruction; at that point the canal narrowed, but, by slight manipulation, the instrument passed five and one quarter inches further, till its extremity was stopped by the *fundus* of the organ. At and about the os were five ulcers, from the size of that obsolete coin the quarter dollar, to about half that size. Transversely on posterior aspect,  $2\frac{1}{2}$  inches from its extremity, and corresponding to the point where, when the patient was seated, the tumor was bent upon itself, was a narrow ulceration two inches in length. It was decided to amputate at a point one fourth of an inch above the upper edge of this ulcer, or two and three quarter inches from the end of the tumor posteriorly and two and a half inches from the end anteriorly. I apprehended that hæmorrhage might be troublesome, not from the dense tissue of the cervix itself, but from the hypertrophied parts around it. I prepared, therefore, to surround the mass with the wire of a strong *ecraseur*, divide the tissues down to the uterus with this instrument as fully as possible, and complete the operation with the knife. Previously to putting the patient into the anæsthetic condition, a cast was taken of the tumor *in situ*, which served as a mould for that which I gave you the other day, and which gives a perfect idea of its size and form just before removal. Anæsthesia was induced by my friend Dr. Nathan Hayward, then of Roxbury, but since and now, Surgeon of

the 20th Regiment Mass. Volunteers, whose aid and counsel in every step of this operation, as of many others, was of the greatest value to me. An incision to the depth of about an eighth of an inch was made around the protrusion at the point before mentioned; into this circular incision the wire of the ecraseur was placed, and its tightening was commenced and continued in the usual manner. When the integuments of the uterine mass were partially divided, the wire was cut by the imperfectly finished edge of the steel canal through which it passed. The ecraseur was consequently abandoned, and the operation completed by the knife. In dividing the tumor, I varied from the line at first intended, so as to include, in the part removed, a still larger portion of the uterine tissue. After the amputation was completed, the stump, of a form so concave as to nearly resemble a hollow cone, was retracted within the vagina, with the exception of a portion of the posterior integument (attached, in the specimen, by a thread to the larger mass), which was also removed.

The hæmorrhage was not great. No vessels were tied, nor do I think that any means more than the application of ice and of the solution of perchloride of iron would have been needed, with a view to its arrest, were it not that my orders in regard to the light breakfast were disregarded, and a regal repast of "*greens*" substituted for the frugal one of gruel which I had directed. The consequence was that, when the effect of the chloroform had partially subsided, violent vomiting came on and continued, very seriously to the operator's discomfort in many ways, and, of course, increasing the danger of continued oozing from the wound. A considerable mass of cotton "*wool*," saturated in a solution of perchloride of iron, was introduced into the vagina, which was afterwards perfectly "*plugged*" with dry cotton; a band placed around the abdomen, to which a perineal bandage was attached, and the whole securely fastened so as to resist the violent downward abdominal pressure accompanying the vomiting. The next morning, this dressing was removed; there had been no hæmorrhage, nor was there subsequently, nor was any dressing used except a piece of patent lint smeared with cerate, which was each day thrust up the vagina, so as to come into contact with the wounded surface; even this was discontinued in about ten days, long before which time the patient had been sitting up, and feeling quite well.

On the 20th day of June (twenty-one days after the operation), I went to Fortress Monroe and left my patient doing very well, "*up and about*" every day; the discharge from the vagina was very slight, and the portion of the wound remaining uncicatized was not larger than a quarter of a dollar.

Three months after this time, I was summoned to Mrs. M. and found her suffering extremely. An examination revealed an entire occlusion of the uterine canal, and the cause of the suffering to be a retention of the menstrual fluid; an opening with a narrow bis-

toury was easily made, and gave issue to the immediate cause of trouble. I have twice since had occasion to repeat this operation for the same reason; the last time was about three months since, when I took occasion not only to open the canal, but also to resect a portion of its walls at the point where it was contracted. Yesterday, I examined the patient and found a sufficient opening to exist, and its appearance leads me to hope that it will not again become occluded. At the same time, I introduced a probe to the fundus, and found the length of the uterine cavity to be just  $4\frac{1}{2}$  inches. I twice attempted to prevent the closure of the uterine cavity by the introduction of smooth tubes of silver and gutta percha, but in both instances such a degree of pain and sympathetic disturbance rapidly supervened that further similar attempts were not made.

In concluding this very imperfect narrative, I would state that the result of the operation has been all that could be desired. When it was first suggested to the patient, I was not aware of the labors of Huguier, whose elaborate and exhaustive work, with its numerous illustrations, I have only met with during the last year.

I diagnosticated the case to be one of pure hypertrophy of the os and cervix, and nothing more, notwithstanding its great size, and had long before concluded, from a careful perusal of Lisfranc's cases, that any simple hypertrophy of the os and cervix might be safely removed for good cause. I am aware that I might extend this report almost indefinitely, with the usual historical preface and peroration; such additions might not, to a certain extent, be destitute of a good deal of interest. Extreme occupation, arising from my approaching departure for a very distant post, precludes, however, anything of the sort at present. I would, however, indicate, to those desirous of studying the subject of these operations further, that the great work is that of Huguier, of some three or four hundred pages quarto, and very numerous large plates. A copy of this book is in the Treadwell Library.

In the recently published French translation of Scanzoni's work on the diseases of the female sexual organs (Paris, Ballière & Co., 1838), is a very good article, by the translators, on amputation of the cervix; references to cases probably similar, and similar operations, are to be found in the older writers, Paré, Levret, Boyer, Dupuytren and others. Dr. A. K. Gardner, of New York, and Dr. J. M. Sims, of the same city, have amputated the hypertrophied cervix; the first in one case (which is reported in an elaborate and valuable article in the numbers of the *American Medical Times* for the 5th and 12th of July of the present year), the second in several cases, published in an illustrated pamphlet. The portion removed by Dr. Gardner weighed  $\frac{3}{4}$  iv.,  $\frac{3}{4}$  ij.,  $\frac{3}{4}$  ij. Dr. Sims's cases reported are all of slight intra-vaginal hypertrophies, similar to those so frequently, easily and successfully removed by Lisfranc and others. I did not weigh the mass removed by myself, but judging by the measurements given

above and verified by the cast, and the weight ( $\frac{3}{4}$  v.) of the specimen shrunk to less than half of its original size after sixteen months immersion in alcohol, it must have been twice or even thrice greater than that removed by any Cis-Atlantic surgeon. Many of the tumors figured in Huguier's vast book are even larger than that which protruded in my case; but in mine the whole mass was the *hypertrophied* os and cervix and integuments, while in *his* the bladder, rectum, and other organs and parts of organs, went to swell the enormous mass; and I *think* I am right in saying that in none of Huguier's cases was so large a portion of the uterine tissue removed as in mine. I do not say this *positively*, for I do not pretend to say that I have thoroughly read the enormous work in which a very simple operation, involving but few principles, and those easily to be understood, is explained in several hundred closely-printed quarto pages. I have essayed the task several times, and failed; perhaps some more industrious and persevering student may convict me of an error.

An appearance to which I omitted to allude before, and which can be noticed now in the specimen, is the blackish hue of portions of the thickened and altered membrane investing the tumor; this, in view of the patient being a Negress, is of some physiological interest. I would also call attention to the fact that the patient (now 55 years of age) still menstruates regularly and profusely.

*Roxbury, Oct. 25th, 1862.*

#### VISIT TO MILITARY HOSPITALS IN MARYLAND.

[Communicated for the Boston Medical and Surgical Journal.]

*To his Excellency JOHN A. ANDREW,  
Governor of Massachusetts.*

MY DEAR SIR,—In accordance with your request that I would visit the hospitals at Frederick, Md., and in the neighborhood of the battle-field of the Antietam, I left Washington on the 13th of October for that purpose.

I passed one day at Baltimore, and visited the camp of the 38th Regiment and the Stewart Mansion Hospital, of which I have already written you. I examined also, with much satisfaction, the extensive and liberal arrangements which have been made by the Soldiers' Relief Society of Baltimore for supplying the wants of regiments passing through the city on their way to the seat of war. Mr. Robinson, the Mass. State Agent, was not present when I called, but I was very kindly conducted through the rooms by Mr. E. J. Norris.

I arrived at Frederick on the 15th, and at once began my examination of the condition of the hospitals, and inquiries into the wants of the Massachusetts soldiers there. Many of the churches in Frederick have been converted into hospitals, besides which, exten-



sive additions have been made to the old barracks hospital, and two large tent hospitals have been established about a mile from the town, each capable of accommodating five hundred patients.

The whole number of sick and wounded soldiers in the hospitals at Frederick is estimated at five thousand. Many of these have been removed hither from the houses, barns, and smaller hospitals temporarily established near the battle-fields, and others are daily arriving. It was gratifying to find that notwithstanding the large number of patients so suddenly collected here, the accommodations provided for them were generally so good and their wants so well attended to. I was informed that the residents of the town had shown great interest in the sick and wounded soldiers, and I myself saw many ladies visiting the hospitals and kindly administering to their wants.

I visited fifteen hospitals in Frederick, and in all of them found men from the Massachusetts regiments. They seemed generally well cared for, and satisfied with the treatment they had received. They were much pleased with the assurance of your continued interest in their welfare, and were particularly gratified with the accounts, which had already reached them, of your efforts in Washington to obtain some change in the system of furloughs. The most frequent and anxious inquiries of the men in all the hospitals related to this subject, to which I shall recur hereafter.

Among so many hospitals, it was hardly to be expected that all should be equally well conducted, and I regret to say that in some of them I saw evidences of neglect or incompetence on the part of those in charge. These cases I brought to the notice of the Surgeon-General, who had requested me to give him the results of my observation, and of Dr. Steiner, the excellent Sanitary Inspector at Frederick. One cause of suffering was the delay in the arrival of medicines and hospital stores, owing to some obstruction of the transportation at the time of my visit. I have since received a letter from Dr. Steiner, in which he informs me that these difficulties have been removed, and also that some other evils of which I had spoken have been obviated.

I left Frederick on the afternoon of the 16th for Boonsboro', passing through Middletown. At the latter place I found three Massachusetts men, in a church which was used for a hospital. They were too severely wounded to bear removal to Frederick.

Between Middletown and Boonsboro' the road passes over the South Mountain battle-ground. The position of the rebels on the sides of this mountain was very strong, commanding the road for several miles. Our forces were aided in the attack by certain loyal residents, who, being well acquainted with the ground, led our men by circuitous routes along the base and up the sides of the mountain, thus enabling us to flank the enemy, both on his right and left. Without this aid, our loss in driving them from their position would have been very great.

At Boonsboro' I found that nearly all the wounded who were first brought there had been removed, and no Massachusetts men remained.

I left Boonsboro' on the 17th for Keedysville. This town was in charge of a company of the Massachusetts 18th, under Capt. Colingwood, who was Provost Marshal. Capt. C. accompanied me to the hospitals in the neighborhood, and afterwards to the battle-field of the Antietam. There are two hospitals near Keedysville—at Locust Springs and Smoketown. The former contained 175 patients, and the latter 533. Of these, 58 were from Massachusetts. I have already forwarded to you the list of their names.

At these hospitals the proportion of severely wounded men is greater than at other places, owing to the fact that nearly all of those able to bear transportation have been removed. The town is so near the battle-field that many of the severest cases were first treated here, and those that remain have been collected chiefly in the two hospitals which I have named. They are tent hospitals, but the wounded receive as good care perhaps as at any other place. The Smoketown hospital, under the care of Dr. Van der Kieft, was particularly well arranged. The results which I witnessed from the operations of this able surgeon, particularly the resections at the elbow- and shoulder-joints, were remarkably successful. At the Locust Springs hospital, the surgeons gave the usual unfavorable accounts of the results of secondary operations, many of the cases being such as required primary amputation. Their experience confirmed the fact of the vastly greater danger to life from secondary amputations, than from those performed immediately after the receipt of a wound requiring the operation.

From Keedysville I drove to Sharpsburg, passing over the right and centre of the Antietam battle-ground. I crossed the corn-fields rendered famous by Hooker's brilliant exploits, and examined the little church beyond, pierced through and through by shot and shell. The woods in the rear of this church bore evident marks of the fierce struggle which took place at this point.

The bodies of our dead had been collected after the battle, and buried on the field, their graves being marked, in most cases, by plain headboards, with inscriptions indicating the names and regiments of those beneath.

On my arrival at Sharpsburg, I was informed that very few except the rebel wounded were left at that place. I saw, however, several Massachusetts men in the German Reformed and Lutheran Churches, which were used for hospitals.

From Sharpsburg I returned to Washington, by way of Harper's Ferry, arriving on the evening of the 18th of October.

On my return, I continued my visits to the hospitals in Washington and the neighborhood, and communicated to Surgeon-General Hammond the results of my inspection. I have the satisfaction of believing that some of the suggestions which I made to him regard-

ing the condition of certain hospitals, have been already acted upon.

From the sketch I have above given, your Excellency will perceive that, in the necessarily short visit which I made to each hospital, with the limited time at my disposal, I was not able to see every Massachusetts soldier, or to inquire very fully into each case. To do this would have required as many weeks as I have spent days in the duties assigned me. I believe, however, that my journey has not been without some beneficial results. It was soon known among the men that I was present, at your request, to inquire into their condition and wants, and the knowledge of this fact seemed to give much satisfaction.

I was able to be of service to some by giving information to friends of their condition, by forwarding messages or funds, and in other ways. I have already suggested to you, by letter, some of the cases which seemed to require attention. I will, however, add here some more general observations in regard to the hospitals and their inmates.

First. It is clearly the intention of the government to supply all that is needed for the support and comfort of soldiers in the hospitals, and I believe the provision now made is ample, if properly administered. The experience of those who have the good fortune to be assigned as patients to those hospitals where the surgeon in charge fully understands the administrative as well as the strictly surgical part of his duties, shows that not only comfort but even a certain approach to luxury can be attained from the judicious application of the regular hospital incomes. When the surgeon in charge is incompetent as a manager, or indifferent to the comfort of those under his care, or so overworked as to be obliged to neglect some of his duties, the patients suffer. In cases also where the hospitals are far removed from the centres of supply, or are new and not yet in working order, temporary inconveniences may be felt. But I am happy to bear testimony to the readiness both of the Secretary of War and of the Surgeon-General at Washington, to listen patiently to all complaints coming from a respectable source, and to act promptly in applying the proper remedies for such abuses or deficiencies as may be clearly proved to exist.

Next in importance to the surgeon in charge of a hospital, is the steward who has control of the daily supplies. A large proportion of the complaints of suffering from want of proper food and care, may be traced to incompetence or dishonesty in the management of this important department. Dr. Bliss, the able and successful surgeon in charge of the Armory Square hospital at Washington, told me that he had made a saving in the purchase of the supplies for his establishment, of from twenty to *ninety* per cent. on some articles, by the employment of a steward in whose fidelity and skill he had perfect confidence.

But notwithstanding the best intentions on the part of the government, the machinery for the supply of so large an army has become so immense, that many cases of suffering must still arise from unavoidable interruptions to the transmission of its supplies, and from occasional dishonesty or incompetence in those who are charged with their distribution. The great benefit which the Sanitary Commission has rendered to the army by its careful oversight of the hospitals, and by its constant contributions for the comfort of those in want, can only be appreciated by those who have seen its operations. By coming to the aid of the government at times when it is almost impossible to obtain all that is needed by the regular channels, it has performed incalculable service to the country.

Second. The subject of furloughs is one which has been often brought before me from the very frequent and urgent requests made to me for aid in procuring them. Your Excellency will remember that the Secretary of War and General Halleck stated to us in conversation at Washington, that when a very liberal policy in regard to furloughs was first adopted, the abuses were found so great that the present stringent order was issued—an order which if rigidly enforced would prevent any furloughs from being granted. The objections to a too loose and indiscriminate granting of furloughs are obvious. It is undoubtedly true, that, in our best hospitals, the patient is usually more sure of good treatment and proper care, than he would be in his own home. The country needs his services at the first moment of his recovery, and the first duty of a soldier is to his country. He should not be allowed to desert his post even temporarily, except for special reasons, and furloughs should not be allowed for any slight cause.

But, on the other hand, when a wound or a disease is likely to produce permanent disability, unless the patient is removed—when the affection must continue for months, and may as well be treated out of the hospital as in it—and in many other cases not necessary to be specified here, the granting of furloughs becomes a matter of justice as well as of expediency, and it should be the duty of the surgeon in charge to examine his wards periodically for this purpose, and to recommend such as are entitled to furloughs to the proper authorities. Some modification of the present orders are imperatively demanded. But whatever other changes may be called for, it is essential that all merely *formal* obstacles to the obtaining of furloughs should be, as far as possible, avoided. The same is true in regard to discharges for disability. The delays and discouragements which now arise from the mere difficulty of getting the necessary papers through the regular official channels, are among the hardest trials of the patience and patriotism of our soldiers. When the surgeon in charge is satisfied that a furlough or a discharge is proper, it is due to the feelings and the rights of the sick or disabled man that it should be obtained without unnecessary delay.

Third. I have already referred, in a letter, to the inconveniences suffered by some of our men in the hospitals from the want of the proper papers and descriptive lists, to enable them to draw their pay, or to secure their claims against the government. This evil arises probably, in most cases, from the neglect of company officers to furnish the proper papers, and sometimes from the carelessness of the men themselves, in suffering the papers, once made out, to be lost. Several of the men whom I saw at "Camp A," near Frederick, had much anxiety on this account. At the same hospital some members of the 35th Mass. Reg't were suffering from the want of clothing and other articles contained in their knapsacks, which had been left behind in camp, on the march to Antietam, and had not yet been forwarded.

Fourth. In my visits to the hospitals I have had frequent opportunities of conversing with the wounded soldiers of the rebel army, lying side by side with our own men, and receiving the same kind care and attention from our surgeons. I have seen men from almost every southern State. They have almost invariably spoken of the war with regret, and many of them confessed to me that they were never in favor of it, but always opposed it as long as it was safe for them to do so. They have been forced into the rebel army by the conscription or by fear of it, and have no heart in the cause of the confederates.

I cannot conclude this very imperfect report without expressing the feelings of renewed hope and encouragement with which I have returned from the performance of the sad yet grateful duty entrusted to me. On my first visit to the hospitals of wounded men, a few days after the battle of Ball's Bluff, at Poolesville, a year ago, I was profoundly impressed with the fortitude and cheerfulness with which they bore all their trials and sufferings. The same impression has been made upon me by my experience among those wounded at these later battles. Except from those suffering actual and severe bodily pain at the moment, one may pass through these hospitals, filled with men subjected to every kind of cruel mutilation, or attacked by incurable disease, without hearing a groan or a complaint. I believe that as many instances of manly courage and of heroic bravery may be found here, as on the hardest fought battle-fields. The same spirit of patriotism that led these earnest men to devote their lives to their country's service, now inspires them to suffer everything for her cause with patience and resignation. The thought that they have been tried and not found wanting in this great contest, seems to buoy them up with a feeling almost of pride and exultation, as they point to their honorable wounds and talk of the battles in which they have taken part.

We owe a deep debt of gratitude to the brave men who have nobly done their duty in the field, and I feel more than ever how richly they deserve every care and attention we can offer to them,

in the long days and nights of suffering and privation which they are now called upon to endure for our cause.

I am, Sir, with great respect, very truly yours,  
 Boston, November 1st, 1862.

L. B. RUSSELL.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

OCT. 27th.—*Diphtheria and Croup in the same Family.*—Dr. MINOT said he was called, on the evening of Oct. 22d, to see a little girl, 4½ years old, who was suffering with dyspnœa, stridulous cough and fever. The tonsils were covered with patches of lymph. A sister of the patient, about 6 years old, had died rather suddenly a fortnight previously, and Dr. M. subsequently learned from Dr. W. E. Townsend, who attended her, that the case was one of well-marked diphtheria, and that there had been no dyspnœa. An infant in the same family, eight months old, also had cough, and a deposit of lymph on the tonsils.

The next day Dr. Jeffries saw the patients in consultation. The oldest was worse in all respects. A strong solution of nitrate of silver was applied to the fauces of both children, alkaline remedies with demulcents given internally, and the room ordered to be kept filled with steam.

The third day, Oct. 24th, all the symptoms in the oldest child were aggravated. The respiration was very labored, the voice whispering, and the lymph had extended farther on the tonsils. It was evident that the child would die in a few hours unless relieved. There was but little lividity of the countenance, and the condition of the patient seemed favorable for the operation of tracheotomy, which Dr. M. did on the spot, with the assistance of Dr. Jeffries. The immediate effect was great relief, and the child was quite comfortable for twenty-four hours. The breathing was easy, the pulse at 120, and the patient took nourishment freely. In twenty-four hours, however, the symptoms gradually returned, and seemed to be dependent on a copious secretion of purulent mucus, which was expelled from the tube with great difficulty, and which required the inner tube to be removed and cleaned very frequently. This increased in abundance and tenacity, and the child died, apparently from exhaustion, on the morning of the 27th, having lived sixty-six hours after the operation. There was no *post-mortem* examination.

In the meantime, the infant steadily improved after the application of the caustic, and in a few days was well. The circumstances of the family were not favorable for carrying out the treatment after the operation, otherwise Dr. M. was strongly inclined to believe that the elder child might have been saved.

Nov. 10th.—*Diseased Lungs of a Python.*—Dr. J. WARMAN exhibited the lungs of a large python (*P. Sebæ*), from Africa, which had recently died in a menagerie. The following morbid appearances were noticed, viz.: several ulcerations about the mouth, forming deep cavi-

ties between the jaws and integuments ; and, in addition, a somewhat extensive disease of the lungs. This last had existed in several stages : 1st, one or more air pouches were filled with a whitish, cheese-like substance, resembling crude tubercles ; this was confined to the free surface ; 2d, this deposit had become softened and readily separated into a granular substance, in which were found epithelium cells, a few shrivelled cells containing granules, and amorphous materials. In this stage the walls of the air pouches are destroyed by ulceration, when several of them are converted into a common cavity, leaving the walls of the lung exposed. In the 3d stage, that of cicatrization, the cavity formed by ulceration is contracted, its edges puckered, and drawn more or less towards the centre of it. Of this stage there were numerous instances.

Many parasites were found in the œsophagus, stomach and lungs, the most remarkable of which was a species of *Linguatuta* (*L. armillata*). Of this, there were found in the lungs six specimens, all but one females—the largest measuring six inches in length and about one third of an inch in diameter. The oviducts of these females were greatly distended with eggs, and their spermathecæ with seminal filaments.

This parasite is generally present in the lungs of the python ; other species of the same genus have been observed in the lungs of the boa, the rattlesnake and other serpents.

Nov. 10th.—*Exostosis from the Scapula of an Ox.*—Dr. JACKSON showed the specimen, which he had received from Dr. Samuel Cabot, Jr. It was from an animal that was slaughtered for the market, and the surrounding parts were perfectly healthy. The tumor was about equal in size to a small hen's egg, and of quite an irregular form, so as to suggest the idea of a branched renal calculus. Having been sawn through, it was seen to consist throughout and quite to the surface of a coarse bony structure ; and the most interesting pathological fact in the case is, that the tumor arises not from the bone itself, but from the broad cartilaginous expansion that arises from it ; the bone being continued from the tumor and to some extent quite through this last. In connection with this case, Dr. J. referred to the fact that the costal cartilages, when fractured, will sometimes, if not generally, unite by bone ; there being a specimen of such union in the College Museum.

Nov. 10th.—*Melanosis of the Eyeball.*—Case reported by Dr. BETHUNE.

J. B., clergyman, was first seen June 25th, 1860. Age, 54. Health good. First attacked in right eye four years ago, with failing sight ; blind in this eye for three years. For one year, occasional pain in and around eye. Present attack, three weeks. On examination, left eye well, except lachrymation and photophobia, when right is affected. Right eye—Iris greenish ; pupil filled with cataracts ; conjunctiva generally injected ; pain severe at night ; cornea punctured and aqueous humor discharged. Ice-water to eye. Morphia at night, p. r. n. Liquid diet.

June 27th.—More comfortable. Operation—cornea re-punctured.

30th.—Relieved till to-day. Cornea again punctured.

July 6th.—Comfortable till to-day. Cornea punctured with a larger opening. The cornea was twice more punctured, but finding the re-

lief, though great, was but temporary (and as uneasy sensations and spectra began to attack the left eye), on the 21st, the lens, with a portion of the vitreous, was extracted through the cornea.

28th.—Comfortable, but feels languid. Eye discharges freely.

Aug. 25th.—Tolerably comfortable. A fungus projects from incision; removed.

26th.—Comfortable. Meat.

29th.—Sloughy protrusion touched with nitrate of silver.

Sept. 19th.—Much improved. Protrusion gone. Large vessels still seen at the inner and lower part of cornea.

Oct. 2d.—No pain at report. Discharged.

This patient was seen occasionally for one year and a half after, and he remained without pain, with general good health, till last spring, when he began again to have pain, lately very severe, and Nov. 10th, 1862, was re-admitted to the Infirmary. On examination, lids swollen, great chemosis, protruding between lids. Three leeches. Lotion of diluted alcohol, cold. Liquid diet. (Left eye well, except slight photophobia.) The chemosis of conjunctiva was partly removed with forceps and scissors.

18th.—The effects of the late attack have subsided, but it was thought best to remove the globe. On cutting through the ball, it was found filled with melanotic deposit, but the sclerotic, choroid and retina were apparently healthy.

The melanotic growth occupied the situation of the vitreous humor, and filled a large part of the posterior chamber of the eye. Sclerotic healthy, except at one point, where it was beginning to be involved in the disease, but this last did not appear externally. Globe not enlarged.

Nov. 10th.—*Injury to the Œsophagus by Potash.*—Dr. JACKSON showed the specimen, which he had received, with the history of the case, from Dr. George Faulkner, of Jamaica Plain. The patient was a negro, 72 years of age, and by mistake drank a solution of potash which his wife had prepared for washing. He at once took a large quantity of sweet oil, and had very little trouble at the time, though he continued to feel the effects of the caustic. Four months afterwards he entered the hospital for a few weeks, where he reported that he had had dysphagia from the first, and had lived mainly on a liquid farinaceous diet; probangs were used, and there was reported a stricture five and a half inches from the incisor teeth. He subsequently improved in flesh and spirits; but the probang was used until some weeks before death, when he said that he could swallow well enough without it. He died, nine months from the time of the accident, and from a general decline rather than from starvation.

The effects of the caustic are seen to commence about six and a half inches from the lower extremity of the Œsophagus, and to extend downwards about three inches. The inner surface is quite rough; and to the extent of half an inch or more above the lower margin, which is very defined, the muscular coat is destroyed, which last is nowhere the case higher up. Superiorly there are no defined limits between the injured and the sound parts. The passage does not seem contracted, but the diseased tissues are not distensible, as they are above and below; thickness very little if at all increased, and where the muscular coat is destroyed the tissues are thin and lax. Above



the diseased part the œsophagus is smaller than it is below ; but neither is at all remarkable.

Nov. 10th.—*Extensive Disease of the Aortal Valves.*—Dr. JACKSON showed the specimen, which he had received, with the history of the case, from Dr. G. L. Collins, of Providence, R. I. The patient was a machinist, 49 years of age, and had been engaged in active business, which he gave up about twelve years ago on account of his health. Twenty-three years ago he had a severe attack of acute rheumatism, which continued through the winter, and seven years ago he had a similar attack which lasted nearly as long. About four years ago he was taken suddenly, in the street, with faintness or dizziness, and a loss of consciousness for a short time ; and he had subsequently seven or eight similar attacks. On the 14th of August he went to Saratoga ; and œdema having first appeared the previous week, it increased so that, after two weeks absence, it was with difficulty that he could get home. He died on the 8th of September ; having been unable to sleep in the horizontal position for the last five or six weeks.

Dr. C., who was called upon to make a *post-mortem* examination, never saw the patient but once during life, and that was in February last ; but the symptoms and physical signs then indicated very clearly the condition of the heart. There was great œdema of the cellular tissue, with about a quart of serum in each pleural cavity, though but little in the pericardial or peritoneal. All the organs were sufficiently healthy, excepting the heart, of which the surface showed traces of former inflammation. The parietes upon the right side were thin, but those of the left much thickened. The valves upon the right side were nearly healthy ; the mitral being somewhat involved in the disease, though able to perform its functions pretty well. The aortal valves, which were shown to the Society, consisted of a thick, rough, ossific or cretaceous mass, and the passage for the blood was a narrow, unyielding, semilunar chink.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON: THURSDAY, DECEMBER 4, 1862.

DR. JARVIS'S letter to the Surgeon-General, which we publish this week, will be found full of practical suggestions of the first importance to the sanitary condition of our camps, and evinces the wisdom of Surgeon Dale both in discerning the necessity of the visitation and in the selection of Dr. Jarvis for the service. It will be seen that much remains to be done towards the entire healthfulness of our barracks ; and the sound suggestions contained in the report, based as they are upon the most careful investigations, will, we are quite sure, not be disregarded.

It is encouraging, in view of the shortcomings hitherto noticeable in some of our medical officers, and naturally owing, in most instances, to inexperience, to find evidences of a decided improvement in this department. Dr. Jarvis states, in another communication, that the surgeons whom he has found this year in the camps manifest a far, very far higher idea of their responsibility for the troops than those found last

year. "They feel much more anxious to know how to keep the camp in good order. They watch the barracks, kitchens, privies, &c., more. They want books to teach them how to transform the citizen into the soldier without impairing health or efficiency. I find," Dr. J. goes on to say, "the surgeons much more frequently present in the camp this year than last. Last year, of 31 whom I should have met at my several visits, I found only 8. This year they were generally present. Last year, they rarely spoke of camp police; this year, this seems to be their principal subject of conversation and burden of anxiety." This cannot be charged, as Dr. J. properly suggests, to the change of men, but rather to a progress in the knowledge of the laws of hygiene. Our Surgeon-General has done wisely in eliciting the facts and hints contained in the report of Dr. Jarvis, and a prompt compliance on the part of our medical authorities will at once place our troops under more healthful influences than they have hitherto enjoyed.

*Surgeon-General Dale.*

DORCHESTER, MASS., OCT. 31, 1862.

DEAR SIR,—Since I received your note authorizing me to do so, I have visited the camps, as I had done, since their first formation in Massachusetts.

I have lately carefully examined those at Worcester, Groton, Boxford and Readville; and in accordance with the permission granted in your note, beg leave to make the following suggestions.

Besides the many insanitary conditions and influences inseparably connected with military life, there are some, that may be modified or even removed, to which I wish to call your attention.

In all the barracks at Cambridge, Readville, Worcester and Groton, the ventilation is very imperfect, but may be easily improved. Considering that in a few of these the men have but 205, but in most only 190 cubic feet of air (less than one third of the British regulation, 600, and less than two fifths the French allowance), it is important that means of renewing this air should be liberally provided.

All of these buildings have ridge ventilators opening on either slope of the roof. Most have two, a few have three of these, varying from two to three feet in length, and with outlets varying from five to eight inches in width. Generally they were of the narrower dimensions, and all insufficient to give the sleepers the quantity of fresh air needed for their health.

The French rule is, that if a man has 600 cubic feet of space in his sleeping-room, and commences his night with so much fresh air, this should be renewed twice an hour; that is, we should give a sleeper, so situated, 1200 cubic feet of fresh air every hour. The British rule is a little elastic, and allows 900 to 1200 feet an hour.

According to these rules, the barracks, with 100 lodgers, should have 90,000 to 120,000 feet of air pass out, and as much come in, every hour. These ventilators give from 4 to 5 feet of area of outlet; most have the smaller space, 4 feet. In order to carry off all the air needed for the 100 soldiers, there must, then, be a current of 4.5 to 5.7 miles an hour.

We must remember that here we have, in a still day or night, nothing but the specific levity of the air, warmed and expanded by the men's bodies, to produce any current upward, and the air that is pressed in to supply the place of that which goes out. But in a

windy day, we have this additional force to press the air in, and force the warmer air out.

The difference of temperature amounting to 20° expands the air 1-25, or 4 per cent.; and a difference of 14° expands 2.5 per cent. In several British experiments, it was found that an average difference of 14° produced an upward current of 3.7 miles an hour, with the aid of a shaft.

In these barracks there is no shaft; consequently, the upward current, at the same temperature, would be less, perhaps much less, even 50 per cent. less, than in the British barracks.

In order, then, to meet the wants of the men, it will be necessary to increase the area of these ventilators.

I would therefore recommend, that these ridge ventilators be made like those proposed in the report of the Barrack Commission, to extend the whole length, or nearly the whole length, of the roof, and, moreover, that they have narrower outlets. Thus they will diffuse the fresh air more equally over the whole interior space.

Besides this, in order to prevent the chilling effect of very high winds, the ventilators should be supplied with valves, which would be easily regulated by cords, and make very little additional cost.

In this connection, it would be a valuable means of testing the power of the specific levity of air, in both tent and barrack, if thermometers could be put in the hands of the surgeons, to be put, at the same time, in and outside of the barracks and tents, and watched by the guard or officer having direction of the guards, to see the difference of temperature at different hours of occupancy; say at 12, 4, and just before the men rise.

This would show you and the government the difference of temperature created by the exhalation of animal heat, the degree of the expansion of air, and the force of the pressure outward, and probable rate of the outward current, from this specific levity.

This could be done with very little cost. One thermometer for the outside, and one for barracks and for each class of tents, would be sufficient, and the labor would be very readily done by the officer of the guard, under the superintendence of the surgeon. It could be done at two or more camps successively, with the same instruments. But it should be done in all the barracks and tents that have, in the same cubic space, different numbers of men, so that you may know the effect of the different ratios of persons or animal matter to the amount of enclosed air to be warmed.

This would show how far the depressing and vitiating effects of the confinement of men in 105 feet of air for each, as at Fort Warren; in 25 feet, as at Long Island and West Roxbury; in 28, 48, 58 and 62 in different tents at Worcester; in 42, 58 and 62 at Readville; and in 190 to 205 feet, as in the barracks, can be obviated by the natural means, and how much more needs to be done to sustain the men in full strength and in the best working order.

I would recommend that the barracks at Readville, lately occupied by the 44th regiment, be lime-washed before being again occupied.

The easternmost company of Col. Burrill's (42d) regiment is encamped on a place within a few feet of a pool of water, and within a few inches of the same level. The soil is porous, and must be penetrated and kept constantly wet with this water, and send its emanations

tions into these rows of tents. This is one fact. Another and co-existent fact is, that there is more sickness in this than in any other company in the regiment.

Lest, then, this co-existence of facts may be cause and consequence, I would advise that this company be removed to some other part of the field.

At Groton, I found all the barracks banked up with earth, about ten to fifteen inches above the bottom of the sills.

I also saw a trap-door in the floor, and the waste, dirt and perhaps offal of the barrack in the space below. I saw one man lift a board and throw a piece of apple or other matter into the hole.

The privy, though perfectly pure, inasmuch as it is over the moving current of the river, is yet very uncomfortable, and even unsafe; certainly very bad for one suffering either from constipation or from colic, or the faintness of diarrhœa.

I saw the men examining the shoes just given out by the quartermaster, and some found the pegs projecting through the inner soles, which they were endeavoring to cut out with a knife.

In view of these conditions, although transcending my authority, which is to suggest to *you*, I did suggest to the Post Surgeon, Dr. Marolestes, to put a pole to rest upon at the privy, and also another to prevent the sitters from falling, in case the seat should break, as one did at another camp, and let whoever should be there into the river, as four men at the other place fell into the trench. As this accident has happened twice within my knowledge, and possibly more, it is better that all the privies be made more secure, and be also defended by the back as well as by the resting pole.

I also suggested to the Post Surgeon that he open the embankment at least to the extent of four feet on each side of the barracks, to let the air circulate through; but to defend these apertures with boards, to be used when the weather should be very cold, or the wind high.

I suggested, that he caused to be removed all the dirt, papers, offal, &c., that had been swept or thrown under the floors, and then to have the trap doors and loose boards nailed down.

Lastly, I suggested that, if he had a carpenter and means, and could obtain the consent of the proper authorities, he should extend the ventilators the whole length of the barracks, with narrower and valved apertures.

I would suggest to you, that, inasmuch as some of the shoes have uncut pegs, and more of them may have, and inasmuch as these cannot be worn without serious detriment to the facility of movement of the soldier, and there is a further danger of inflammation of the feet and at least partial suspension of efficiency, you cause a shoemaker's rasp to be put in the hands of each quartermaster, and that he find some shoemaker, in each regiment or company, to cut off the pegs and smooth the inner surface of such shoes as may need them.

There are other suggestions that I would like, and will take another opportunity to make to you, when I shall have examined the other camps at Wenham, Lakeville, and in the Western part of the State.

On looking over this, I find I have used the words *recommend* and *advise*, which exceeds the authority given me in your note, whereby I was only empowered to *suggest*. I pray you to pardon the error of language, and consider the words thus misused to mean only sug-

gestions. These I make officially; yet personally I would earnestly both recommend and advise the improvements and alterations herein before described to be made.

I have the honor to be, Surgeon-General,

Very respectfully yours, EDWARD JARVIS.

Let me, in addition, ask your attention to the great and uncomfortable slope of the bunks in the Groton barracks. In these the men must be less refreshed, and therefore less fitted for service, than if they slept on a level.

E. JARVIS.

**WANT OF ASSISTANT SURGEONS IN THE ARMY.**—We are informed that there is great need at present of good medical men for the position of assistant surgeons in the volunteer service, and are requested to call upon the profession through the State to urge competent medical men to present themselves for examination. The Board will meet next Friday, and every Friday through the month, for examination of candidates. Candidates must present evidence that they are regular graduates, of good moral character and strictly temperate habits.

THE following reply to our correspondent of last week will, we doubt not, be entirely satisfactory to him, as it certainly is to us.

MR. EDITOR,—I see that some of your correspondents are exercised about the name "*Crysimum*," one of the alleged ingredients in a nostrum by which Napoleon fancied he was cured of hoarseness. The name is doubtless a misprint for *Erysimum*, a weed of the mustard family, which I fear will not prevent future generals from getting hoarse in the exercise of their professional function.

Yours, &c.

B.

OUR attention has been called to the following circular, issued by the Sanitary Commission:—

**DIRECTORY OF THE HOSPITALS.**—The Sanitary Commission have established an office of information in regard to patients in the hospitals of the District of Columbia and of Frederick City, Maryland. By a reference to books, which are corrected daily, an answer can, under ordinary circumstances, be given by return mail to the following questions:

- 1st. Is ——— [giving name and regiment] at present in the hospitals of the District or of Frederick City?
- 2d. If so, what is his proper address?
- 3d. What is the name of the Surgeon or Chaplain of the hospital?
- 4th. If not in hospital at present, has he recently been in hospital?
- 5th. If so, did he die in hospital, and at what date?
- 6th. If recently discharged from hospital, was he discharged from service?
- 7th. If not, what were his orders on leaving?

The Commission is prepared also to furnish more specific information as to the condition of any patient in the District hospitals, within twenty-four hours after a request to do so, from an officer of any of its corresponding societies.

The office of the Directory will be open daily from 8 o'clock, A.M. to 8 o'clock, P.M., and accessible in urgent cases at any hour of the night.

The number of patients in these hospitals is about 25,000. If found to be practicable, the duty here undertaken locally by the Commission will be extended to include all the general hospitals in the country.

Washington, D. C., Nov. 19, 1862.

FRED. LAW OLMSTED,  
General Secretary.

DRS. ABBOT and MINOT, MORLAND and AYER left Boston for their various places of destination, as hospital inspectors, a few days since. Drs. Abbot and Minot are in the vicinity of Fortress Monroe. Dr. Morland is in Washington. Drs. Coale, Buckingham and Gay leave this week to visit the hospitals in the West.

At a late meeting of the Academy of Medicine, M. Bouvier read a paper upon various forms of canulæ and dilators which from time to time have been submitted for approbation by the Paris surgical instrument makers. M. Gosselin took the opportunity of calling the attention of his fellow academicians to the fact that the prolonged sojourn of these instruments within the tracheal tube is apt to occasion ulceration of its walls and tedious necrosis of the cartilaginous rings, and perhaps, also, in cases of croup, extension of the inflammatory action, assuming the diphtheritic form, towards the bronchi, terminating in asphyxia. M. Gosselin, therefore, maintains that the greatest amelioration possible in the operation of tracheotomy would be the suppression of the canula, and the substitution of a dilator which should not penetrate within the tracheal canal.—*Paris Corresp. of Lon. Lancet.*

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, NOVEMBER 29th, 1862.

##### DEATHS.

	Males.	Females	Total.
Deaths during the week, . . . . .	30	31	61
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	36.3	34.9	71.3
Average corrected to increased population, . . . . .	..	..	76.97
Deaths of persons above 90, . . . . .	1	0	1

##### Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Variola.	Dysentery.	Typ. Fev.	Diphtheria
13	0	4	7	4	0	0	1	1

COMMUNICATIONS RECEIVED.—Case of Wound of the Femoral Artery.—Diary of a Brigade Surgeon attached to the Burnside Expedition.—A report of yellow fever cases at Port Royal, S. C., including the case of the lamented General Mitchell, is promised for the Journal, and will probably appear in the course of a few weeks.

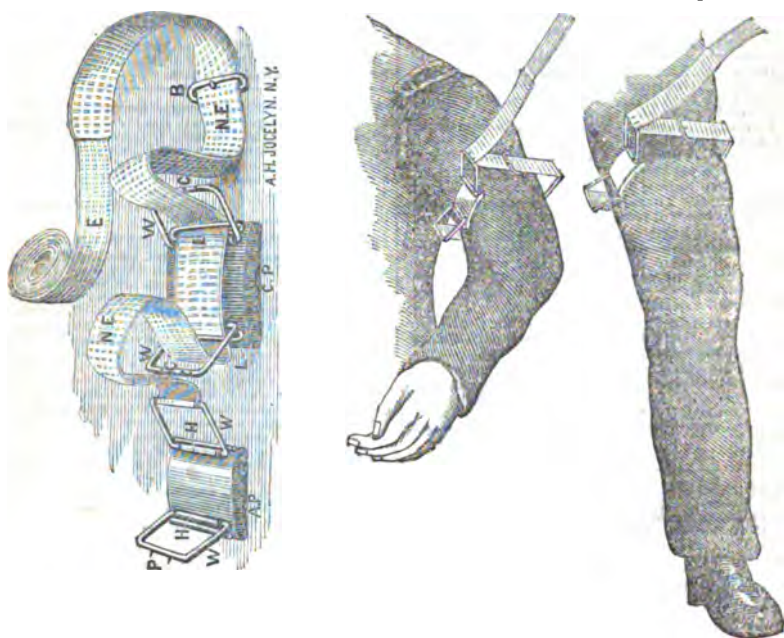
MARRIED.—At Lexington, Nov. 27th, Dr. W. S. Miller, of Boston, to Carrie M., daughter of Joseph F. Simonds, Esq., of L.—At Montpelier, Vt., Nov. 25th, Charles H. Tenney, M.D., of South Hardwick, to Fannie W., daughter of Henry Nutt, Esq., of Montpelier.

DIED.—At Quincy, 23d ult., Dr. George L. Smalley, formerly Assistant Surgeon 4th R. I. Battery.—At Marblehead, Nov. 23d, Dr. Clark Blaisdell, aged 53 years 10 months 14 days.—On Friday, Nov. 14th, in discharge of his duties at Harwood Hospital, Washington, D. C., Dr. Francis R. Lyman, Acting Assistant Surgeon U.S.A., late of Sherburn, Chenango Co., N. Y., in the 25th year of his age. Dr. Lyman was a young man of much promise in his profession. He was a diligent student, a conscientious physician, and a steadfast friend.

DEATHS IN BOSTON for the week ending Saturday noon, November 29th, 61. Males, 30—Females, 31. Apoplexy, 1—consumption, 13—convulsions, 3—croup, 4—diarrhœa, 1—diphtheria, 1—dropsy, 1—dropsy of the brain, 4—drowned, 1—erysipelas, 1—scarlet fever, 7—typhoid fever, 1—disease of the heart, 1—homicide, 1—infantile disease, 1—intemperance, 2—disease of the kidneys, 1—congestion of the lungs, 1—hæmorrhage of the lungs, 1—inflammation of the lungs, 4—marasmus, 2—old age, 1—paralysis, 2—puerperal convulsions, 1—rheumatism, 1—sore throat, 1—suffocation, 1—unknown, 1.

Under 5 years of age, 21—between 5 and 20 years, 3—between 20 and 40 years, 14—between 40 and 60 years, 16—above 60 years, 7. Born in the United States, 34—Ireland, 22—other places, 4.

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OR  
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This Improved Tourniquet is now offered to the Profession. It has been tested in this country and in Europe, for every purpose for which a Tourniquet can be applied, and has received the unqualified approval, so far as we can learn, of all surgeons, the previous opinions of our own being confirmed by the most eminent in Europe, before whom it has been presented.

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Sept. 4—17.

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JOSEPH PERKINS, M.D., Castleton, Professor of Obstetrics and Diseases of Women and Children.  
R. CRESSON STILES, M.D., Pittsfield, Mass., Professor of Physiology and Pathology.  
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CHARLES L. ALLEN, M.D., Professor of Principles and Practice of Medicine.  
EDWARD BRADLEY, A.M., M.D., Demonstrator of Anatomy.  
S. W. THAYER, Jr., Burlington, Dean of Medical Faculty.

The next Annual Course of Lectures will commence the last Thursday, being the 27th, of February, 1883, and will continue 16 weeks.

#### Conditions of Membership.

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Students who have attended two full courses in other regular Medical Institutions, will be admitted on payment of the Matriculation fee, and a fee of \$10. Graduates of this and other regular Medical Schools, are invited to attend the Lectures, free of charge.

Dec. 4—tL.

### MICROSCOPES AND TELESCOPES.—CHAS.

STODDER, 75 Kilby Street, is authorized to receive orders for Microscopes and Telescopes made by R. B. Tolles. Tolles' Microscopes are equal, at least, in every respect, to those of any other living maker.

C. S. has now on hand for sale, an inverted microscope by Tolles, on the plan of Prof. J. L. Smith, especially for chemists' use. Also one objective quarter inch by Spencer; one do. one-fifth inch by Smith & Beck; two by Nabet, of Paris, one one-tenth and one one-sixteenth; two of Tolles' Patent Miniature Telescopes—very small and of great power.

Dec. 4—3t.

**VACCINE VIRUS.**—The Subscriber proposes to furnish (by mail, postage free, and securely packed in small metallic boxes contrived for the purpose) Vaccine Virus, of guaranteed freshness, purity and efficiency, to physicians in all parts of the United States and Canada, at the following rates:—12 quills (prepared in such a manner that the lymph cannot chip off), \$1.00. Recent crusts (resulting from the drying of perfect, unruptured and uncomplicated vesicles), securely mounted in gutta percha, so that they can be used with great facility and without breaking or waste—small, but perfect, each \$1.00; very large and fine, each \$2.00.

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References.—Dr. Walter Channing, Boston; Dr. Oliver Wendell Holmes, Boston; Dr. R. D. Mosey, Boston; Dr. Henry Bartlett, Roxbury; Dr. Dixi Crosby, Hanover, N.H.; Dr. Josiah Crosby, Manchester, N.H.; Dr. Gilman Kimball, Lowell, Mass.; Dr. S. W. Thayer, Burlington, Vt.

June 7—1y

**OPHTHALMOSCOPES.**—Liebreich's small, for sale by  
COUDMAN & SHURTLEFF,  
Nov. 20—cow 13 Tremont st., Boston.

**LEOPOLD BABO**, German Apothecary, No. 33  
B. yston street, Boston. Sept. 18—1y

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For further particulars, address B. R., Attleboro', Mass.  
Dec. 4—4t.

**DR. H. R. STORER** has resumed practice in Boston, attending only to the diseases of women. Office at Hotel Pelham.  
Dec. 4—1f.

**JUST RECEIVED**, a general assortment of Surgical, Obstetrical and Dental Instruments; French and English, Pocket, Dissecting and Medicine Cases; Stethoscopes and Flint's Auscultating Instruments, Auricles, Compact Ear Trumpets and Conversation Tubes, &c., all for sale at a small advance from cost.  
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Jonas A. Marshall, M.D. } Physicians.  
Alfred Hitchcock, M.D.

Hon. E. Torrey, Alvah Crocker, Esq.  
Hon. Moses Wood, Moses G. Lyon, Esq.  
Hon. G. F. Bailey, L. H. Bradford, Esq.  
Hon. Nathaniel Wood, Dea. S. A. Wheeler,  
Benj. Snow, Jr., Esq.

Of Fitchburg.

E. R. Peaslee, M.D., New York.  
John Ware, M.D., and John Homans, M.D., Boston.  
March 13—1f

**SPRING LEVER, TRUSS.**—The attention of gentlemen of the Medical Profession is particularly invited to the above-named instrument as the best yet invented for the retention of hernia, and for its cure, in cases where cure is possible. The pad has a circular inward and upward action, wholly unlike any Truss yet invented, and is perfectly under control for much or little pressure. For complete description, see pamphlet, which will be sent on application.

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY  
SAMUEL L. ABBOT, M.D.

Whole No. 1815.] Thursday, Dec. 11, 1862. [Vol. LXVII. No. 16

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## BOWDOIN COLLEGE. MEDICAL DEPARTMENT.

COURSE OF 1863—Beginning Feb'y 26th, and continuing till the 1st of June.

### FACULTY OF MEDICINE.

LEONARD WOODS, D.D., President of the College.

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[ ] Students on arriving should call at once on the Secretary of the Faculty, to enter their names, present their certificates and purchase their tickets. They will also be able to obtain through him all *needful* information in relation to boarding-houses.

\*. Circulars containing full information can be had on application to the Secretary.

Brunswick, Me., Nov. 1862.  
Nov. 4—tL

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Secretary of the Faculty.

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**MUTUAL LIFE INSURANCE.**—The New England Mutual Life Insurance Company (Office Company's Building, State St., corner of Congress St., Boston) insures lives on the mutual principle. Accumulation—over \$1,600,000, and increasing, for the benefit of members, present and future. The whole safely and advantageously invested. The business conducted exclusively for the benefit of the persons insured.

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Nov. 13 Consulting Physician.

**GARRATT ON MEDICAL ELECTRICITY.**—Embracing electro-physiology and meteorology; descriptions and uses of the different currents obtained from various kinds of Batteries; "Electro-Therapeutics," showing clearly, yet limiting those classes of nerve-affections, and of joint and muscle diseases, to which this treatment is adapted; methods of application, &c. By ALFRED C. GARRATT, M.D. Second Edition. Pp. 700. 100 Illustrations. Price, \$3.00.

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**TRUSSES.**—Dr. Riggs's Hard Rubber Multipedal Truss. Water proof. Used in bathing, cleanly and indestructible. No. 2 Barclay street, New York. Aug. 14—1y

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Nov. 5, 1848.—edif

**RETREAT FOR NERVOUS INVALIDS.**—At Pepperell, Mass.—The undersigned, having taken the Establishment for many years occupied by the late NICHOLAS CUTTER, M.D., as a Retreat for Nervous Invalids, will continue to receive patient as heretofore. We are pleased to refer such to Luther V. Bell, M.D., Charlestown, late of the McLean Asylum.

Chas. E. Ware, M.D., No. 1 West st., Boston,  
Ed. J. Davenport, M.D., 20 Bedford st., "  
J. A. Wood, M.D., Marlboro' Hotel, "  
Chas. F. Jones, Esq., 35 State st., "  
JAS. M. STICKEY, M.D.  
Pepperell, Oct. 18, 1860. Jan 9, '63—1y

**ALBANY MEDICAL COLLEGE.**—The next annual course of lectures will commence on the first Tuesday in September, and continue ~~sixteen~~ <sup>eighteen</sup> weeks. Degrees will be conferred at the close of the Session, and also in June. Fee for full Course, \$65. Graduation fee, \$20.

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J. V. P. QUACKENBUSH, Reg'r.

Albany, May 8, 1862.—U

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HASSAM BROTHERS,  
Feb. 13—1f (late Kinkman & Hassam.)

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CHAS. H. SPRING, M.D., has removed from No. 215 Washington st. to No. 7 Harrison Avenue. Special attention given to Diseases of the Spine. Office hours, 9 A.M. to 2 P.M. Jan. 9—1f

**DR. HASKET DERBY,** No. 6 Beacon Street, Gives his exclusive attention to Diseases of the Eye. Office hours, 9 to 11 A.M., and 4 to 6 P.M. Dec. 26—1y

**DR. J. H. DIX** has removed to Boylston, corner of Tremont street, and attends exclusively to DISEASES OF THE EYE AND EAR, Dec. 24, 1857.

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" "	1½	Cynoglosse,	1
Aloetic,	4	Proto-Iodide of Iron,	1
Assafetida,	4	Lactate of Iron,	1
Aloes and Assafetida,	4	Sulphate of Quinine,	1 & 2
Dinner, Lady Webster's,	3	Valerianate of Quinine,	1
Compound Calomel, Plummer's,	3	" of Zinc,	1
" " "	1½	" of Iron,	1
Blue Pills,	3	Citrate of Iron and Quinine,	2
Opium Pills,	1	" of Iron,	2
Calomel Pills,	2	Willow Charcoal,	2
Opium et Acet. Plumb., each	1	Diascordium,	2
Extract of Rhatany,	2	Anderson's Antibilious & Purgative,	2
Compound Rhubarb,	3	Extract of Gentian,	2
Compound Colocynth,	3	Iodide of Potassium,	2
Compound Squills,	4	Calcined Magnesia,	2
Dover Powders,	3	Rhubarb,	2
Carbonate Iron, Vallett's formula.		Ergot Powder, covered with sugar	
Carbonate of Manganese and Iron.		as soon as pulverized,	2
Kermes,	1-5	Phellandria Seed,	2
Santonine,	½	Washed Sulphur,	2
Bi-Carbonate of Soda,	4	S. N. Bismuth,	2
Meglin,	1	Tartrate Potassa and Iron,	2

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Tartar Emetic,	Extract of Hyosciamus,
Codeine,	" of Ipecac,
Conicine,	" of Opium,
Extract of Belladonna,	Proto-Iodide of Mercury,

Lupuline,	gr. ½	Extract Rad. Aconite,	gr. ½
Extract Nux Vomica,	½	Emetine,	½
Veratrine,	1-24	Iodide Mercury,	½
Sulphate of Morphine,	1-8	Valerianate Morphine,	1-8
Corrosive Sublimate,	1-12	Acetate Morphine,	1-8
Nitrate of Silver,	½	Digitaline,	1-24
Extract of Hyosciamus,	½	Strychnine,	1-12
Colchicum (each granule equal to two drops of tincture.)			

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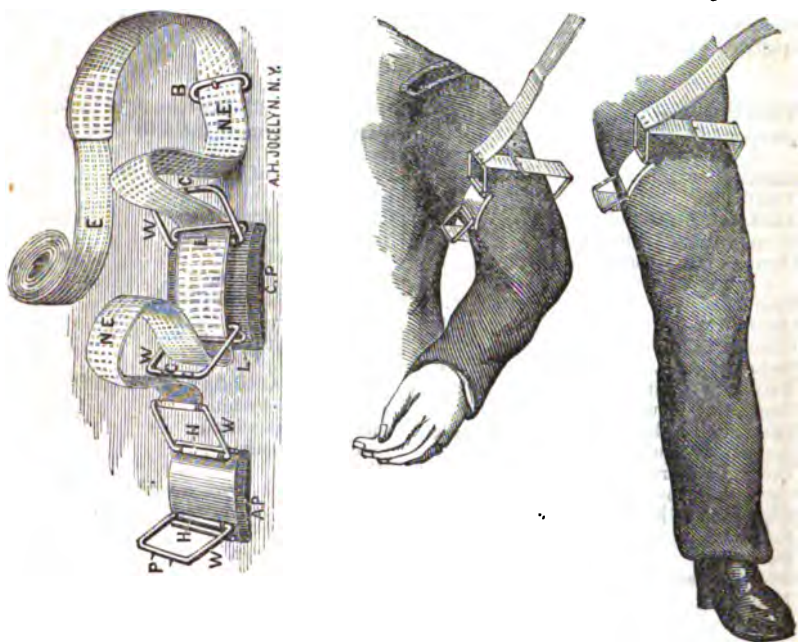
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WOUND OF THE FEMORAL ARTERY—LIGATURE [OF BOTH CAR-  
DIAC AND DISTAL SIDES OF INJURY—SECONDARY HÆ-  
MORRHAGE—LIGATURE OF EXTERNAL ILIAC—  
PERITONITIS—DEATH OF THE PATIENT.

[Communicated for the Boston Medical and Surgical Journal.]

PRIVATE R. B. CORNWELL, of 25th Regiment Ohio Vols.; occupation, rake-maker; 23 years of age; dark complexion, brown hair, blue eyes. Enlisted 21st April, 1861, by Capt. J. P. McIlrath, at Cleveland, Ohio. He was wounded Sept. 14th, 1862, in the battle of South Mountain, Md., by a buck-shot, which entered the upper and front part of the right thigh. Lost much blood at the time of the injury—fainted several times. Hæmorrhage arrested by tying a handkerchief around the limb above the wound. He was conveyed in ambulance, the next day, to Middletown, a distance of four miles. Remained here three days, without surgical aid; the surgeon under whose care he was placed, saying he should not have left the field, the injury seemed so slight. On the 18th, rode in ambulance to Frederick City; there took the cars, and reached Washington on the 21st. Here he was placed in Capitol Hospital, at this time in charge of Dr. Shippen.

An examination gave evidence that the femoral artery had been wounded, and that a traumatic aneurism was forming. Water dressings were applied till the 29th, when, by the suggestion of Dr. Hall, a very eminent resident practitioner, who, together with J. F. May, M.D., a highly distinguished surgeon of this city, had been called in, compression, by means of the horse-shoe tourniquet, was made, and continued until the 4th of October. This was now discontinued in consequence of pain and want of the desired result, and nothing more was done till the 10th, on which day it was determined to tie the femoral artery, and the operation was accordingly performed by Drs. May and Shippen, assisted by Drs. Hall, Seeley and others. I should have mentioned that the external wound had entirely healed before making the compression.

The shot had entered some four inches below Poupart's ligament, over the track of the femoral artery.

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The following account of the operation I have from Dr. May, who took an active part in it. Several medical gentlemen, I believe, were present.

An incision was made some four or five inches in length, commencing two inches below Poupart's ligament, and carried down in the course of the artery as is usual, through the skin and cellular substance. The several fascia were carefully divided—the sheath, enclosing the artery and vein, exposed and opened. The femoral artery was found to be wounded, and a tumor, or enlargement of the vessel at the point of injury, was observed, about the size of a “fox-grape.” Blood would issue from a small opening in this tumor, and was readily controlled with the point of the finger. Dr. M. applied a ligature, first on the cardiac side—but this not restraining the hæmorrhage, which was profuse from the distal side, he tied the artery here also. After this, he divided the vessel between the two ligatures, and still the blood welled up from the bottom of the wound at this point, and the Doctor passed a curved needle, armed with a ligature, below and around the bleeding point, tied up the encircled tissues, and the hæmorrhage was stopped. Blood, arterial. One looker-on says, venous.

The wound was now brought together and secured by a few points of interrupted suture and adhesive straps, and light dressings of lint and bandage were applied. The foot and leg were enveloped in cotton, and their temperature maintained without difficulty.

All seemed to be doing well, when, on the sixth or seventh day, bleeding occurred, by which several ounces of blood were lost. It was soon arrested, however, and a tourniquet placed upon the limb; it was left loose, but in a manner to be readily tightened, in case of a return of the hæmorrhage.

The Capitol being used merely as a temporary hospital, it became necessary to remove the patients to other places; and as our hospital (the Casparis) was near, quite a number of the worst cases were brought here and put under my care, and among the rest, Mr. Cornwell, who was admitted on the 20th of October. From this time to the termination of the case, the patient was daily under my own eye, its progress and his condition being carefully observed.

The wound was filling up with granulations of healthy appearance, except at the centre, from which issued, rather freely, a dark bloody matter, strongly resembling dissolved coagula of blood mixed with a small quantity of pus. Pulse, on admission, 130; limb warm; tongue slightly coated; tolerable appetite; bowels in good condition. Drs. May and Shippen, taking much interest in the case, called almost daily for nearly a week, to see the patient, and seemed well pleased with the existing state of things.

On the thirteenth or fourteenth day after the operation, the proximal ligature came away of itself, with knot and loop on the end. This was preserved and shown to the medical gentlemen, when they called. The healing process was going on favorably, and Dr. May

called four or five days after, and learning that nothing of an untoward nature had occurred, expressed his belief that the recurrence of hæmorrhage was by no means to be apprehended, especially at so late a period. But in this we were most sadly disappointed; for on the eighth or ninth day from the coming away of the ligature—on the 30th of October—secondary hæmorrhage again took place, and that profusely. Prompt attention was given, and, notwithstanding it was speedily controlled, such an amount of blood was lost as to greatly reduce the strength of the patient and hazard his life. I should judge that  $\frac{3}{4}$  xvi. or  $\frac{3}{4}$  xx. flowed out in a very few moments, for it jetted up in a stream near the size of one's little finger. I immediately despatched a note to our surgeon in charge, W. E. Waters, M.D., of U.S.A., informing him of what had happened, requesting his presence, and suggesting the civility of extending an invitation to Dr. May to accompany him. Dr. Waters, being ill at the time, could not come, but sent the line to Dr. May, who responded, though not till I was about to begin the operation of tying the femoral artery, as I had resolved on doing, just above the *arteria profunda*. I should have done this in a short time, had the Doctor not come in as he did.

A brief consultation was had. Dr. M. gave it as his decided opinion that the patient would inevitably die; but to prevent his more immediate death, from the loss of blood, advised ligating the external iliac. He thought there would be the same risk of hæmorrhage from the close proximity above, of the external pudic, epigastric and circumflexa ilii, as in tying the femoral in the first instance, one half or three fourths of an inch below the profunda, which he affirms he did. I could not coincide with him in this view of the case; but, inasmuch as he had already had so much to do with it, and had shared largely in the responsibility, I did not persist in maintaining the ground I had taken, and he, in the usual way, ligated the external iliac. And here I would remark, that, had the femoral artery been tied at the point I proposed (close to the profunda above), the great danger of peritoneal inflammation would have been avoided. And, moreover, it was far from being certain that hæmorrhage would have again taken place; the patient would have had, at least, one more chance of living; and in case this apprehended accident had followed, the iliac could then have been secured; and even had death ensued from exhaustion, as in truth was quite probable, I am well assured it would have occurred at a later period.

After the operation, the limb was carefully enveloped in cotton batting and flannel, and its natural temperature preserved. Having recovered from the more direct influence of the anæsthetic, stimulants were administered freely, and an opiate given at bed-time.

Oct. 31st.—Rested tolerably through the night; feels quite comfortable this morning. Pulse 130; more full than in the evening previous. Takes some food, and appears less exhausted. In the course of the day he began to complain of pain and soreness in the

bowels. Fomentations were applied, and directed to be continued, and the following pill ordered to be given:—*R.* Pulv. opii, gr. x.; hyd. chlor. mit., ℥ i.; mucil. g. acaciæ, q. s. *M.* Fiat massa, et in pil. x. dividenda. Give one every two hours. Stimulants still given, but at longer intervals and in less quantity, as there was more reaction.

Nov. 1st.—Slept but little during the night. Suffers but little pain. Abdomen tympanitic, and very tender to the touch. Applied a large blister. Continue the pills of opium and calomel. Gave beef-tea, chicken-broth, &c. Pulse more frequent, 145 in a minute. Vomiting took place, and continued to recur at short intervals, in despite of various means employed to allay it. Cadaverous expression of countenance; dry tongue; urgent thirst; in short, all the symptoms more unfavorable and portentous, and pointing, unerringly, to a speedy fatal termination. Not the least hope in the case.

Nov. 2d.—Had a bad night; not much pain, but almost constant vomiting. Both medicines and food are ejected immediately after they are taken. Pulse 160; so small as scarcely to be felt at the wrist. Bowels more tympanitic, and still tender. Leg and foot of natural temperature; mind clear; desires death, as a relief from suffering.

Evening.—All the symptoms decidedly worse; can hardly live through the night.

Nov. 3d.—At 7, A.M., still living, but rapidly sinking. Died at 10, A.M.

*Sectio Cadaveris*, twenty-four hours after death.—Here I would premise, that Dr. May, to account for this unlooked-for and extraordinary secondary hæmorrhage, takes the ground that there must be an abnormal division of the femoral artery; and being fully impressed with the idea of the existence of two femorals, supposes that both had suffered injury, and one, as he confidently affirms, he tied, in the manner above mentioned, while the other, not being seen nor supposed to exist, continued open, and gave rise to the hæmorrhage and what followed. The external iliac having been injected downwards, and the popliteal upwards, that the examination might be made with greater ease, and that more satisfactory results might be obtained, the dissection was conducted as follows.

An incision, through the skin and cellular substance, was made over the track of the femoral artery, from Poupart's ligament down to the inner side of the knee; these were dissected up and turned back; the superficial fascia was divided, carefully raised and laid aside. The fascia lata was now divided on a director, and, with much care, dissected from the parts beneath; the sartorius muscle was raised and laid aside, and the sheath enclosing the crural vessels exposed. Poupart's ligament was cut through, and the incision extended into that made for the ligature of the iliac. Consequently, the cavity of the abdomen was opened; and here were found all the evidences of inflammation—effused serum, deposition of coagulated



lymph, and the small vessels of the peritoneum highly injected. The external iliac, from its origin, and the femoral artery, were carefully separated from their surroundings, and traced down to one half or at most three fourths of an inch below the origin of the *arteria profunda*, where the femoral was lost in an aneurismal sac. The femoral vein was likewise traced, from where it passes under the crural arch, down to the sac, where it was lost sight of; its usual relations to the artery existed. Next, the popliteal and femoral artery and veins were, with great care, dissected out and traced up to within about five inches of Poupart's ligament, where they, in like manner, were lost in the lower margin of the aneurism, which, on being removed from its bed, was found to be about the size of a very large goose-egg, and something of the same shape. The most diligent search was instituted, all the several parts being dissected out with great care, and no second femoral artery could be found, and nothing discovered, in the division and distribution of the arteries of the thigh, of an abnormal character.

I am positively assured that no aneurism existed at the time of making the operation of ligating the femoral artery, except the small grape-like tumor above named; and therefore it must have formed since. It had burrowed deep among the muscles, approaching very near the femur, and, lying under the deep fascia, had not protruded much in front. This sac, together with the several vessels, were removed, and preserved for inspection.

**REMARKS.**—Professor May was present, witnessing and assisting in the examination, and having the most indubitable evidence to the contrary, gave up his idea of the existence of two femoral arteries; the case seemed inexplicable.

The facts connected with the several steps of the operation of tying the femoral, I have from no careless nor ordinary observer; but a scientific, experienced and practical surgeon, and one who occupies no unenviable position in the profession; hence his statements are entitled to respect, and his testimony worthy of credence.

But how are we to reconcile what is affirmed in respect of tying the wounded femoral artery, both on the cardiac and distal sides of the injury, the upper ligature having been applied three fourths of an inch below the origin of the *profunda*, and the distal one an inch and a half lower down, and the vessel divided between the two; and what was actually proved to exist by the *post-mortem* examination?

Whence came the blood to form so large an aneurism in so short a time? Could any small muscular branches which may have been given off between the ligatures, anastomosing with some others, have become so enlarged as to have afforded a sufficient amount of blood for this purpose?

In the performance of the operation, I do not see how any mistake could have been made. How can this matter be explained?

<i>Casparis Hospital, Washington, D.C.,</i>	}	LEWIS HEARD,
Nov. 20th, 1862.		Act. Assist. Surgeon U.S.A.

# DIARY OF A BRIGADE SURGEON, ATTACHED TO THE BURNSIDE EXPEDITION.

BY JAMES BRYAN, M.D.

[Continued from page 314.]

"In peace, there's nothing so becomes a man  
As modest stillness and humility;  
But when the blast of war blows in our ears,  
Then imitate the action of the tiger."

"It is too late; the life of all his blood  
Is touched corruptibly; and his pure brain  
(Which some suppose the soul's frail dwelling house)  
Doth by the idle comments that it makes,  
Foretell the ending of mortality."—SHAKESPEARE.

MARCH 15th (continued).—Amputated, this day, the left arm of Ferdinand Disbrow, of the 9th New Jersey, in the upper third of the humerus. This was a case of compound and comminuted fracture of the lower portion of this bone, caused by a Minié ball passing through the arm. The wound was received at the battle of Roanoke, and, consequently, this was a secondary amputation, which, as far as my experience goes, both on the Potomac and here, is often unfortunate in its results. The operation in this case was by double flap, which produced a very well-proportioned stump, without any puckering of the tissues. There was considerable trouble in arresting the hæmorrhage from the various muscular arterioles. The hæmorrhage still continued after the ligation of these vessels, proceeding, as we found, from the cavity of the bone. It was finally arrested by plugging the medullary canal with a piece of sponge, to which a thread had been tied. The latter was allowed to hang out of the wound. I observed, on sawing off the bone, that a considerable oozing of pus took place from the cavity of the bone; although the latter appeared healthy, and the point of amputation was at least two and a half inches above the fracture. Chloroform was used during the operation. *Query*—How soon after compound and comminuted fractures, does the internal periosteum take on suppurative inflammation; and what bounds this process? Second *query*—Are amputations generally successful when this inflammation has extended beyond the point of excision?

I was assisted in the above operation by Drs. Squiers, Humphreys, White, Cooper, Smith, and Cadet Applegate.

*Sunday, 16th.*—Received lists of sick and wounded in the hospitals under their charge, from Drs. H. and S.—Lieut. Brannan, of the 48th Penn. Vols., arrived to-day from Cape Hatteras, to obtain the body of Dr. Mennis. Dr. M. was formerly attached to the 48th; but on the death of Dr. Wheeler, of the 9th N. J., by drowning, at Cape Hatteras, he was detached to this regiment, and attended it in the battle of Roanoke. He fell a victim to over-exertion and anxiety, and died in fifteen hours after the battle, from sheer exhaustion. He was buried by his comrades, in the sandy beach of Roanoke, near Fort Huger. Lieut. B., after spending much time in digging graves in different parts of the Island, without success, was about to

return as he came, when I told him that would never do, and proceeded at once to telegraph to the other end of the Island, inquiring if any one knew where the Doctor's body was interred. I soon received, in reply, that Dr. Bonsal was able and willing to point out the exact locality of the grave. The Lieutenant remains over till to-morrow.—Dr. Squiers reports that Disbrow is well, with the exception of slight bleeding, which was arrested by taking up a small artery.—Six patients from the 6th N. H. were brought to the Brigade Hospital to-day. Weather windy and cloudy. It will be remembered that there is little or no tide on this portion of the coast, and that, consequently, the rise of the water is due to the strong winds from the sea, opposing the streams of the rivers which flow into these sounds. The sounds are shallow extensions of water, almost like lakes, containing an abundance of fish and wild game. This fact gives profitable occupation to a considerable number of inhabitants, who either carry their products up the rivers to the cities of the interior, or, being more ambitious, carry on an extensive trade with the North. Oysters, clams, rock fish, shad, eels, white fish, wild ducks and geese, are among the products of this trade. These fishermen live in cabins and huts, on the marshes and islands of the sounds and the coasts. They are an unshaven, uncropped, drawling, slouchy kind of people, and to me appeared almost entirely ignorant of the causes and objects of the war. One of the most intelligent, however, informed me that he was a man of considerable property, living along the river some distance below Elizabeth City, N. C.; that he was a Union man, and that he had avoided the conscription of the rebels, in various ways, but particularly by keeping himself *scarce*. His daughter's husband, he said, possessed several relics, in the way of swords, sashes, &c., which the frightened Georgians had thrown away in their hasty skedaddle from Elizabeth City, when it was captured by our forces. Among the small trade of the Island, is the sale of wild duck and sweet-potato pies. The trader is usually a dark-skinned, long-haired, drawling fellow, with a diminutive donkey and a moderate-sized one-man go-cart. The taste of these *valuable* edibles will scarcely inform a Northern palate of their composition. The soldiers, however, crowd around the go-cart, laughing and joking and paying very dearly for these insipid dainties. Sometimes a boat comes in containing what the owner is pleased to denominate fresh beef—the remains of some animal evidently killed in his blood, which no consistent Jew would, and no good Christian ought to eat; but a soldier, who is not (by some) considered either, buys it eagerly, roasts it deliberately (on the point of his knife), and eats it with great gusto, emptying his pockets at the same time of "hard tack." Wild pigeons, doves, robins and *crows*, with an occasional hen-hawk, or eagle, are brought down by the sharpshooters of the command. The first three make very good stews and pies. The rest are apt to be too highly flavored to be palatable. There is, however, a very pretty spotted and black

pig on the Island, which traverses the swamps like a native, fattening on the numerous snakes and frogs of the locality, whose especial enemy he appears to be. This animal, not having the countersign, is usually considered contraband by the troops; and after slight preparation, is generally esteemed a good roast pig.—Grapes grow on the Island in great abundance. The red plum grows wild plentifully. The celebrated palmetto, whose leaves are like sabres, with sharp points, waves in grace and beauty along the coast, reminding us of the rebellious State whence all our troubles spring.

*Monday, 17th.*—Received, from Quartermaster Nute, 265 pounds of fresh beef, at six and a half cents per pound, for the hospitals of the 3d brigade. This is a grand treat, which now comes much more frequently to the sick, than it did some time ago, when my friend Dr. S. went out to a secesh plantation, which had been deserted by the owner, and captured about a dozen fine beeves, breaking two of them to the yoke on their way to camp. This was fine fun for the Zouaves, who soon taught the young steers to draw a boat filled with corn, across bogs and swamps, to the vicinity of the hospitals, where some of them, skilled in the victualling trade, soon turned several of their steers into beef, which by a little further manipulation was changed into soup and beef-tea for the sick and wounded. The natives of the island, some six hundred in number, suffer very much for the want of medical advice and attendants; the physicians of the neighborhood having gone off with the rebel army. I prescribed to-day for a fine and handsome boy, by the name of Isaac Chauncy, who was suffering from dropsy (general). The tumefaction extending up to his thorax, he appeared to have organic disease of the kidneys. The surgeons of the command are also called upon, for medical advice, by residents of the main land.—Visited Camp Reno, and went through the hospitals in consultation with Dr. S.; found Disbrow doing tolerably well.—Two patients, sick with typhoid fever, died yesterday in this hospital, one of whom was in a state of decomposition when he entered, having emphysema of the neck and breast; his feet and legs, with his hands and arms, were purple and pulseless. He was a stout, florid young man, of about 20 years of age; touched by the transforming spear of typhus, he was changed at once into a decomposing corse.—Patients in all the brigade hospitals, with few exceptions, are convalescing rapidly. Fresh beef, cleanliness, including clean under clothing and sheets, from the Sanitary Commission, with careful nursing and judicious medication, are doing their work.—Lieut. Brannen just informs me that he has succeeded in finding the body of Surg. Mennis, which he has enclosed in a coffin, and will transmit at once to his friends in Pennsylvania.

Three cheers for Gen. Burnside! I have just heard from the lips of Capt. Warden, of the steamer "Stars and Stripes," an account of the victory of Gen. B. at Newbern, on the 13th instant. This was evidently a hard fought battle, and has added another to the

inventions of the rebels during the war, viz., that of pouring turpentine on the river and on vessels, and setting it on fire in the track of our ships, in order to ignite them. Capt. W. says, however, that he sailed through this modern Greek fire without injury to his gunboat, and had an opportunity of sending some hissing shells and bursting bombs into the heart of that rebellious city. The fortifications for six or seven miles below the town, extending from the banks of the river several miles into the interior, and placed behind each other, as our forces approached the city were attacked, with a gallantry and courage which overcame all obstacles, and equal, perhaps, to anything which has yet occurred during the war. The fright of the citizens, when the town was shelled, he describes as terrific and pitiable.

*Tuesday, 18th.*—My contraband, Alexander H., has just been assigned to me by the government officers at stipulated wages. He is a fine, straight, black, gentlemanly fellow, about 28 years old, and although a "field hand" lately, was formerly a house servant, and understands the duties of a groom and waiter. He describes his race for liberty, together with half a dozen of his fellow servants, through woods and swamps, and water, in painfully graphic terms. At one time, he says, his master was within pistol shot of him in a boat, while he and his comrades were hidden in some bushes on an island. They worked themselves along, some eighty miles, to Roanoke Island, starting for this place soon after it had been taken by our forces. I asked him what he expected, in case he was returned to his master; he said, very seriously, nothing less than hanging or shooting. He is but one of many, who, hearing the glad tidings of liberty, as our victorious arms pass down the coast, rush to the starry standard, and beg for those rights which the immortal Jefferson announced as inalienable. They come singly in the night, in pairs in the day time, in squads and in bands. Shall we send them back to slavery, as some of their self-styled "*indulgent*" masters, who daily visit us for the purpose, desire? Our commander replies, I cannot use the government forces to rivet the chains of slavery. If you find your "chattels" among us, take them *if they are willing to go*; if not, I cannot help you.

Four more cases brought from the 6th N. H., to the hospitals of Camp Parke.—These barrack hospitals, by the by, are giving my patients rheumatism about as fast as they are cured of their fever. The chinks and cracks, between the boards in every direction, allow the searching winds of March to strike them in a way to produce local rheumatism, as fast as the retiring fever would permit the system to assume it. This kind of ventilation is, in my estimation, like "Paddy's fight in Donny-brook Fair," a little too general. The ventilation of a hospital should be, first, entirely under the control of the surgeon and his officers: secondly, the air should flow gently and regularly, all over the patient in one direction; thirdly, the temperature should also be under the control of the surgeon.

*Wednesday, 19th.*—The case of amputation of the arm (F. Disbrow) terminated in the death of the patient yesterday. The rapid prostration of the last twenty-four hours of his life, was possibly due to pyæmia. A similar case of fracture of the leg, in the same hospital, on which I refused to operate, died at the same time.—I have ordered drawings to be made of the various burial grounds of the Island, and am arranging them alphabetically, numbering the graves always from the north. These numbers and names of the dead are to be placed on the map, together with the regiment and company to which they belonged.—We continue to remove the patients from the regimental to the brigade hospitals, daily. Over one hundred of the convalescents are now strong enough to return to their regiments.—Received of Quartermaster Nute four barrels of onions, for hospital use. These are very much relished by the convalescents.—I traversed a good portion of the island (which is about 9 miles long, and 3 miles wide), in company with Dr. S., examining the battle grounds, burial grounds and forts. The ride through the woods and along the winding roads of the island, was both interesting and romantic. The remains of the old fort built by Sir Walter Raleigh, are distinctly visible, and are not far from the shore. It was built in the form of a star. The ivy, the creeping moss, used by the natives for mattresses; the grape vine, the yellow jessamine, with various other vegetable parasites, arrayed the pine, live oak, and other large trees which grow on these ruins, with the graceful and venerable habiliments of antiquity. The locality and its associations threw my mind back to the days of Queen Bess and those of her great favorite Sir Walter. On this island, we are told, was born the first white child in America; and a celebrated Indian Chief, of this place, was the first American who received a title of nobility from the English government. Our government is building several new forts, on different parts of the island.

*Thursday, 20th.*—Surgeon Cooper reports one case of smallpox in the N. H. 6th, and we have five more at the upper end of the island. Some little alarm is felt, lest the disease should spread among the troops.—I delivered, to-day, to Drs. Humphreys and Squiers, a large quantity of Sanitary Commission stores, such as sheets, bed gowns, drawers, blankets, &c., for the use of their hospitals. These are very timely donations.

*Friday, 21st.*—I sent, to-day, to their respective regiments, all the convalescents from the hospitals on this island, who are fit for duty; also to Dr. Church, Medical Director of Burnside's Expedition, lists of the names of the men, and of the regiments to which they belong. The whole number sent, is one hundred and twenty-three. Their places here have been filled by patients from the several regiments of this command. This has resulted in evacuating almost entirely the regimental hospitals. The cases of typhoid fever are now very much diminished in number and severity, and the wounded are generally doing well.

(To be continued.)

## ON THE CONSTRUCTION OF HOSPITALS.

[THE following letter, on a most important subject, is from Mr. Charles Hawkins, of London, to the Editor of the *Lancet*. Mr. H. is a fellow of the Royal College of Surgeons, and has given much attention to the subject upon which he writes. The improvements in St. George's Hospital were made under his direction, and he also superintended the building of Queen Charlotte's Lying-in Hospital. He has likewise visited, within the last two years, some of the best constructed hospitals in France, Italy and Belgium.—Ed.]

Last year I was waited on by one of a deputation from abroad, who visited England for the purpose of informing themselves on all that we had done lately in hospital construction. When requested to point out the hospital in England that might serve as a model to be copied, I confess I was obliged to say that I knew of none. I trust the hospitals about to be built by the governors of St. Thomas's, and those in Leeds and Surrey, may be so constructed as to serve as models for all countries. The first question to be considered is, what is the best size and plan of a hospital? In my opinion, a hospital to contain 400, or at most 500 beds, is quite large enough for any one neighborhood, and for all clinical purposes, and will hold quite as many sick people as ought to be congregated in one building. As to the plan, of course this must depend in a great measure on the value of land; and as in this country, both in London and the provincial towns, the price of land is so enormous that it appears to me to shut out what is called the "*Pavilion*" plan, whatever its merits and demerits may be, and it has both, I think the best plan we can adopt is that of the letter H; the wards being only in the wings, and the centre of the building used for the officers' apartments and the other necessary rooms and offices, &c. The wings can be made long or short, according to the number of beds to be required. A plan of such a hospital—to contain 250 beds—I exhibited last year in the Architectural Exhibition. In this plan wards have windows on each side, which I consider a *sine quâ non*. The fire-place is placed in the centre of the ward, having two faces. In this plan the fire-place is so situated as to more equally distribute the heat, and to be seen by a larger number of patients; whilst a portion of the building through which the chimney goes serves as a ventilating shaft.

Not to take up your space, I will briefly state what, in my opinion, is requisite in constructing a hospital. In the first place, the wards should have windows on both sides; no entrance to wards through corridors that cannot be ventilated, or, what is worse, no *double* wards; all water-closets to be placed in a portion of the building projecting from the main building, so that they can have windows on both sides. Each ward to have attached to it a lavatory, with a constant supply of hot and cold water, where the patients who are able to get up may wash themselves; also a room fitted with *slate* shelves, where the provisions of the patients—such as bread, butter,

and milk for the day—may be placed, and not, as now they usually are, on shelves over the bed; a room also to contain the clothes of the patients—not to be placed as they now are in boxes close to, or, what is worse, under the patients' beds. If there are nurses' rooms, large windows in them, so that they may have a view of the patients (and no green blinds allowed in these rooms, so as to do away with their use). Of course it is not requisite to mention the necessity of having hot and cold baths, lifts, &c.

In a hospital such as I have mentioned, there should be at least three large staircases: one in each wing for the *patients* (and if the wings are long, two may be required); and one in the centre of the building for the use of those in the hospital not patients. All these staircases should have an opening in the roof, filled in with perforated zinc, and covered for protection from rain by a raised zinc chimney or cowl. Such a plan has been adopted at St. George's Hospital with good results. The windows in the wards should be like those in use in the Middlesex and St. George's, opening by a very simple arrangement in three or four divisions, the quantity of open space being regulated according to the quantity of fresh air required.

As to the grand point, *ventilation*, I must confess that I have very little faith in what is called "scientific" ventilation, and I have seen a good deal of it. The ventilation of a hospital may be effected in a different mode to what may be required in large buildings containing a vast number of people, such as churches and theatres. I believe the ventilation of a hospital to be a very simple matter. Let the wards be built as I have advised; the windows kept almost constantly open, however small a portion of them; the staircases, halls and corridors large, and warmed when necessary with hot water; Dr. Arnott's ventilators in the chimneys; all water-closets being well shut from, although communicating with, the wards; all offensive dressings, &c., to be immediately removed from the wards.

Regarding the size of wards, I think they should not be too large nor too small; from 20 to 25 beds in each; from 1500 to 2000 cubic feet of space to each patient; wards not too lofty; windows reaching within nine inches of the ceiling; and at least six feet space between the beds. Wards thus constructed, and proper attention being paid by the attendants to the means of ventilation, will be kept as sweet and pure as rooms can be containing a number of sick people.

I cannot conclude these remarks without strongly expressing my decided opinion of the *absolute necessity* of every hospital containing convalescent wards. Such wards have lately been constructed in St. George's Hospital; but as they were made at my suggestion, and after my plans, I would rather quote what is thought of them by others. The following is from the Annual Report of the hospital, just published:—



"The two day wards at the top of the hospital, used as convalescent wards, have proved very beneficial; and the Weekly Board consider the following extract from a clinical lecture, delivered at the hospital by Mr. Prescott Hewett, one of the surgeons to the hospital, will be very acceptable and interesting:—'As for pyæmia, in hospital practice, that, I am happy to say, is less frequent in the wards of St. George's Hospital than it used to be; indeed, for the last two or three years, our wards have been remarkably free from this bane of surgery; and for this improvement there is no doubt that we are mainly indebted to our convalescent wards—the large, well-aired rooms which have lately been built at the top of the hospital. These convalescent wards I consider to be of the utmost use, not only to the patients who are thus enabled in all weathers to get out of their own wards, but also to the patients who may still be obliged to remain in bed; the general wards are relieved of a certain number of patients during a great part of the day, and both sets of patients thus have a purer atmosphere to breathe.'"

There is also one other subject well worthy the consideration of governors of hospitals: the desirability of spending a little money in ornamentation of the *wards*. £40 or £50 will go a long way, in a large hospital, in giving to the wards an appearance of something like decorative art; and such a modest outlay will tend to enliven the spirits and hasten the cure of many a patient now doomed to have nothing on which to rest a restless eye but the eternal whitewash of most hospitals. A little shade of color introduced into the wash for the walls, with a party colored border, is all that is required, with a few well selected engravings.

To perfection in drainage it is hardly necessary to allude. The remarks I have ventured to bring before you are necessarily brief, and only touch on some of the most salient points in hospital construction. If I had more time, I would lay before the profession some extended observations.

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### **Army Medical Intelligence.**

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*To the Surgeon-General.*

DORCHESTER, MASS., DEC. 6th, 1862.

DEAR SIR,—Since I saw you last, I have visited and carefully inspected the camps at Readville, Dedham, and at Lakeville.

I was at Readville Saturday, the 29th ult. I found the regiment in the barracks, and, like the regiments which had been there before, comfortable and healthy.

There was still some, and had been considerable, of that light camp diarrhœa, which I have almost universally found in our State camps. At Worcester, Groton, Cambridge, Lynnfield, Boxford, Wenham, Readville, Long Island, West Roxbury, and Lakeville, I have found this disorder of the bowels in various degrees of prevalence and intensity among the troops. I have asked of the men in almost every company,

whether they or any of their companions were so troubled, and have been answered in various forms of language in the affirmative. The men in different tents, barracks, companies, regiments and camps, say "Most everybody had it." "Three quarters had it." "Two thirds were troubled." "Scarcely any escaped." "Half of the men had it." Others say, "several," or "four or five that I know." "I did not, but the man that sleeps with me had it." "I don't know of any." "We had it at first, but not now." "It wasn't much;" or, "It was pretty severe for a time." I give you the evidence as I heard it.

This has been the same this, as it was last year, and in all places. I think the camp at Lakeville gave less evidence of this bowel complaint than any other.

In several of the camps, the soldiers—in some, the officers—and in one the surgeon, attributed this to some cathartic in the tea, coffee, or bread. At Boxford, two officers were very positive of the fact. They said, "they knew it—they knew the taste of senna and rhubarb, and they could not be deceived." I found it in vain to reason with them, or with any who held this faith. At Groton, the surgeon attributed it to the river water; and when they dug wells and drank therefrom, the diarrhoea ceased, or was very greatly diminished.

I would suggest to you, Surgeon-General, and to the government, whether it is not worth while to make a thorough examination as to this disorder so extensively spread among the new troops, and, if possible, ascertain whether it may or may not be due to some facts or conditions within the control of those who provide for, or have the management of the men.

I have found it in great variety of circumstance, condition, habit, place and exposure; on the island in the harbor, in the interior away from the sea, on the wet soil at Worcester, the dry soil at Boxford, the intermediate at Dedham; whether they drank the river water at Groton, the clear spring or deep well water at Boxford, the brook water or almost superficial spring water at Cambridge, the boggy spring water at Worcester, the pond water at Lynnfield, or the pool water at West Roxbury. I have found it among those who slept in tents and those who dwelt in barracks. I found it in cold and in warm weather, in spring with approaching summer, and in autumn and approaching winter. Men generally attributed it to change of diet—and the boiling of the food, boiled fresh meat, boiled salt meat, almost daily, is the only constant and universal fact that I have discovered. Can this be a cause?

I commend this, and a farther and minute investigation of this matter, to your careful consideration and good judgment, in the hope that you may trace it, or cause it to be traced, to something that may be removed.

At Readville, the battery were *in tents*, all floored. Around most of these tents were trenches dug, which, however, with only one, two, perhaps three exceptions, had no outlet. These trenches were mostly a few inches from the lower margin of the tent. The water, therefore, when it ran from the tent, had an even chance of running outward to find the trench, or inward under the tent floor. In either case, it had its power and opportunity to inflict injury. If it ran inward, it wet the surface of the ground and the soil under the soldiers. If it ran outward, it was caught in the trench and there retained, and, penetrating the surface on either side, it was absorbed into the

soil beneath the tent and that in the vicinity, and both sent forth their noxious emanations to the injury of the sleepers.

I may here add, that I have found this ideal drainage, by a distant trench, varying from 0 to 36 inches from the edge of the cloth, to be very common. I found one, where the inner edge of the trench was 14 inches from the tent, and all the earth thrown on this intermediate space or border between ditch and eave, and with a slope towards the tent, so that by no possibility could the water reach the trench or escape from the necessity of running into and under the tent.

This matter of *drainage* is also worthy of the careful consideration of your department, and is therefore commended to your especial notice.

The tents at Readville, on the 29th ult., were arranged in rows, running north and south, and facing each other. One opened towards the east, and the other towards the west. Those facing eastward are thus exposed to the northeast storms which prevail from November to April, and cause the men to suffer more than if they faced southward. Those facing west are exposed to the northwest dry winds, which are severe and penetrating during the same season. I would, then, suggest, that if these men remain on that spot, the tents be all arranged to face southward; but I would first suggest, that these men be removed from the tents to barracks for the winter. Yet if they cannot be allowed to occupy barracks, I would propose that some other and less level field be found for their encampment—a place where the natural slope will carry off all the water, and allow the men to have as dry a habitation as they can under canvas.

On Thursday last, the 4th, I visited the camp at Lakeville, where were one regiment and six companies. Both of these corps I found in general good health, better than most others, with the exception of the mumps, which were diminishing, and had been severe in only two or three cases.

This field was dry, very dry, although the recent rains had been abundant. The soil is absorbent—sandy superficially and resting on porous gravel, for twenty or thirty feet, as I was informed. The wells were dug about fifteen to twenty feet, but the water was about eight feet below the surface of the ground.

The *barracks* mostly, as almost everywhere else in our camps, were banked up with earth, but generally only as high as the bottom of the sills, and few or none above the floors. If they are not banked above the sills, and small apertures are left, on either side, to allow some movement of air beneath, probably no harm would arise in the winter. The designed *ventilation* of these barracks is the most deficient of all the barracks I have seen. There are only two ventilators on the top of each, and these only about eighteen to twenty inches long, with outlets of five inches width on each side. These would be very far from sufficient if it were not for the undesigned ventilators through the crevices between the boards; for thus the error of the carpenter compensates, in great measure, for the error of the architect.

The *kitchens* are all in good order, but they should be lighted with glass. The man who prepares the food should be able to see and know the condition of the soldiers' nutriment, in the several processes of cookery. The cookery of the camp, with its rude apparatus, narrow range of material, and very imperfect skill, needs every aid that light can give. It is bad economy for the government, that wishes to

whether they or any of their companions were so troubled, been answered in various forms of language in the affirmative men in different tents, barracks, companies, regiments and ca "Most everybody had it." "Three quarters had it." "To were troubled." "Scarcely any escaped." "Half of the it." Others say, "several," or "four or five that I know." not, but the man that sleeps with me had it." "I don't know." "We had it at first, but not now." "It wasn't much;" or, "pretty severe for a time." I give you the evidence as I hear

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I would suggest to you, Surgeon-General, whether it is not worth while to make this disorder so extensively spread as is possible, ascertain whether it may be controlled conditions within the control management of the men.

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old Bay State.  
regard.

S. K. TOWLE,  
Surgeon 30th Reg't Mass. Vols.

create strength and have vigorous and effective soldiers, to make this preparation of nutrition in darkness, or in the cold blast that must come through an unglazed window in winter.

The privies were of the usual character—a hole and a pole. But one was filthy, and its neighborhood was filthy, and the appointed place was unapproachable, save by the fearless, and men were attending to their natural necessities in the open air and in the open field, in the sight of all men, and in sight of all women who happened to be in that vicinity on that level field. And the apparent composure with which the men were discharging this duty, when I was passing as near as I could safely, showed that compulsion and habit had disarmed them of the natural delicacy as to such matters, and changed the habits which they had cultivated before they came to the camp. I would suggest that more stringent efficiency be applied to this part of the camp police, certainly to this part of the Lakeville camp, and to some others. Respectfully submitted, EDWARD JARVIS.

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LETTER FROM SURGEON S. K. TOWLE.

*Surgeon-General Dale.*

CARROLLTON, LA., OCT. 18th, 1862.

DEAR SIR,—Dr. Davis arrived and reported for duty about two weeks ago, but was immediately detailed to attend the sick amongst the negroes attached to the Quartermaster's Department of the Brigade, and of one or two batteries of light artillery—hence I have seen but little of him. But so far as I have become acquainted with him, I am very much impressed in his favor, and feel confident that after he gets "the hang of the schoolhouse" he will make a good worker. My hospital remains in the same place as when I wrote to you last, and, I am sorry to say, is quite as well filled. The regiment for the last six weeks has been encamped in a wet, malarious locality, with bad water, and on either hand impassable swamps. As a result of this, the gratifying improvement from our Vicksburg condition, noticed at Baton Rouge and for a time after arriving here, has not only been checked, but we have retrograded, so that now we can turn out a line but little longer than at the time of the battle at Baton Rouge. This is by no means what I hoped for, and indeed expected, for I thought we had suffered about our share from unusual exposure to malaria. While we are having nearly as many sick as when up river in July and August, the average grade of the cases is much less severe and malignant. Intermittent fever appears in a much larger proportion of the cases, and a much less proportion of the remittent cases presents those tendencies to the congestive form of the disease, or condition of complete collapse, that gave us so much anxiety while up the river. Hepatic derangements are, however, met with more frequently, and are more persistent, manifesting a strong tendency to become chronic. From our long exposure to strong malarious influence producing repeated attacks of miasmatic disease in the same person, we are getting a very obstinate and lingering class of cases. Sallow, anæmic, emaciated, with swelling of the feet and legs, and perhaps general anasarca, great irritability of the stomach, general derangement of the secretions, especially that of the liver, deficient and capricious appetite, with the powers of digestion and assimilation so enfeebled that food seems to do but little good; a diarrhœa dependent on this depraved and disordered state of the secretions and the irritation or inflammation they

produce, and thus almost inevitably getting chronic like its cause—add to all this the mental depression not only resulting from long illness two thousand miles from home, but also from a brain half nourished and half poisoned by malaria-vitiated blood, and we get cases that not only tax most severely our skill and patience, but that often, in spite of our utmost efforts, slowly sink before our eyes to death from exhaustion. With such patients I have succeeded best with a pill composed of quinine, rhubarb, ipecac and a little opium, together with muriated tincture of iron, and ale for a stimulant, which is often retained on the stomach much better than whiskey or brandy. In a few instances, turpentine or copaiba mixtures have worked well, but they are often rejected by the stomach. Continued gentle counter-irritation, without friction, often seems to aid in lessening the internal irritability, but rubbing with anything I think does more harm than good, by disturbing the already tender and inflamed viscera, and blisters seem to cause quite as much trouble as they cure. After all that can be done here, one is constantly reminded that the two great remedies for this class of cases are beyond his reach in a field hospital—viz., change of air and scene, and a nice attention to the details of diet. I have often thought that in military practice a surgeon is not so much wearied by what he does, as by what he cannot do but sees to be vitally important.

The 1st Louisiana Regiment, recruited in New Orleans, having been for a month or so encamped just beside our regiment in its present malarious locality, has given an opportunity for comparing the results of such exposure upon so-called acclimated men and upon unacclimated Massachusetts Yankees. The result is that they get sick and die just as we do, and in quite as large proportion. In four weeks, from a regiment of new recruits just selected with great care, over three hundred were on the sick list, more than two hundred being in hospital, while the proportion of deaths to cases was no less than with us from the North.

A year ago, while serving as Assist. Surgeon of the 14th Regiment Mass. Vols., encamped from Long Bridge to Fort Albany on Arlington Heights, I had the opportunity of comparing the influence of the malaria of that locality upon the splendid men from Essex County composing that regiment, and upon two regiments from the West stationed just beside us, but in a more favorable locality. To my surprise, I found our men less affected than those from a land of malaria. Our cases were fewer in proportion to our numbers, and were less severe and obstinate, and certainly required much less heroic treatment than the others received.

Such having been the results of my experience and observation in different localities with men long accustomed to malarious influence, and the same results favorable to the powers of endurance of our soldiers obtaining at Vicksburg in comparison with negroes native or long resident in the locality, I find myself strongly tending to regard the idea of acclimation as a protection against malaria as considerable of a humbug. At any rate, until I see something better from other localities than I have yet, I would say, for anything, anywhere—in heat or cold, in swamp or fight, in bivouac or march—give me under my charge soldiers from the glorious old Bay State.

Yours, with sincere regard,

S. K. TOWLE,  
*Surgeon 30th Reg't Mass. Vols.*



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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON: THURSDAY, DECEMBER 11, 1862.
 

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We have received two circulars, recently issued by Dr. Letterman to the medical department of the army—one relating to the supplies to be furnished to the regiments, and the other to the treatment of the wounded during and after an engagement. The latter we publish below, our space not allowing, at present, the insertion of that containing the supply table. It will be seen that every care has been taken that the wounded receive the necessary attention, both by a thorough organization of division hospitals, and the assignment to each of the various medical officers in the field his special duties. No detail seems to have been omitted to ensure the utmost promptness and efficiency in this department of medical service, and we trust, in the future, to hear less of the abuses, which hitherto, in some instances, have certainly reflected little credit upon the government or the profession. We give the circular entire.

Previous to an engagement, there will be established in each corps a hospital for each division, the position of which will be selected by the Medical Director of the Corps.

The organization of the hospital will be as follows:—

1st. A Surgeon, in charge; one Assistant Surgeon, to provide food and shelter, &c.; one Assistant Surgeon, to keep the records.

2d. Three Medical Officers, to perform operations; three Medical Officers, as assistants to each of these officers.

3d. Additional Medical Officers, Hospital Stewards, and Nurses of the Division.

The Surgeon in charge will have general superintendence, and be responsible to the Surgeon-in-chief of the Division for the proper administration of the hospital. The Surgeon-in-chief of Division will detail one Assistant Surgeon, who will report to, and be under the immediate orders of, the Surgeon in charge, whose duties shall be to pitch the hospital tents and provide straw, fuel, water, blankets, &c.; and when houses are used, to put them in proper order for the reception of wounded. This Assistant Surgeon will, when the foregoing shall have been accomplished, at once organize a kitchen, using for this purpose the hospital mess chests, and the kettles, tins, &c., in the ambulances. The supplies of beef-stock and bread in the ambulances, and of arrow-root, tea, &c., in the hospital wagon, will enable him to prepare quickly a sufficient quantity of nourishing and palatable food. All the cooks, and such of the hospital stewards and nurses as may be necessary, will be placed under his orders for these purposes.

He will detail another Assistant Surgeon, whose duty it shall be to keep a complete record of every case brought to the hospital, giving the name, rank, company, and regiment; the seat and character of injury; the treatment; the operation, if any be performed, and the result; which will be transmitted to the Medical Director of the Corps, and by him sent to this office.

This officer will also see to the proper interment of those who die, and that the grave is marked with a head-board, with the name, rank, company and regiment legibly inscribed upon it.

He will make out two "tabular statements of wounded," which the Surgeon-in-chief of Division will transmit within thirty-six hours after a battle, one to this office (by a special messenger, if necessary), and the other to the Medical Director of the Corps to which the hospital belongs.

There will be selected from the Division, by the Surgeon-in-chief, under the direction of the Medical Director of the Corps, three medical officers, who will be the operating staff of the hospital, upon whom will rest the immediate responsibility of the performance of all important operations. In doubtful cases, they will consult together, and a majority of them shall decide upon the expediency and character of the operation. These officers will be selected from the Division without regard to rank, but *solely* on account of their known prudence, judgment and skill. The Surgeon-in-chief of the Division is enjoined to be especially careful in the selection of these officers,



choosing only those who have distinguished themselves for surgical skill, sound judgment, and conscientious regard for the highest interests of the wounded.

There will be detailed three Medical Officers to act as assistants to each one of these officers, who will report to him and act entirely under his direction. It is suggested that one of these assistants be selected to administer the anæsthetic. Each operating surgeon will be provided with an excellent table from the hospital wagon, and, with the present organization for field hospitals, it is hoped that the confusion and the delay in performing the necessary operations so often existing after a battle will be avoided, and all operations hereafter be *primary*.

The remaining Medical Officers of the Division, except one to each regiment, will be ordered to the hospitals to act as dressers and assistants generally. Those who follow the regiments to the field will establish themselves, each one at a temporary depot, at such a distance or situation in the rear of his regiment as will insure safety to the wounded, where they will give such aid as is immediately required; and they are here reminded that, whilst no personal consideration should interfere with their duty to the wounded, the grave responsibilities resting upon them render any unnecessary exposure improper.

The Surgeon-in-chief of the Division will exercise general supervision, under the Medical Director of the Corps, over the medical affairs in his Division. He will see that the officers are faithful in the performance of their duties in the hospital and upon the field, and that, by the ambulance corps, which has heretofore been so efficient, the wounded are removed from the field carefully and with despatch.

Whenever his duties permit, he will give his professional services at the hospital—will order to the hospital as soon as located all the hospital wagons of the brigades, the hospital tents and furniture, and all the hospital stewards and nurses. He will notify the captain commanding the ambulance corps, or, if this be impracticable, the first lieutenant commanding the division ambulances, of the location of the hospital.

No medical officer will leave the position to which he shall have been assigned without permission, and any officer so doing will be reported to the Medical Director of the Corps, who will report the facts to this office.

The Medical Directors of Corps will apply to their commanders on the eve of a battle for the necessary guard and men for fatigue duty. This guard will be particularly careful that no stragglers be allowed about the hospital, using the food and comforts prepared for the wounded.

No wounded will be sent away from any of these hospitals without authority from this office.

Previous to an engagement, a detail will be made by Medical Directors of Corps of a proper number of medical officers, who will, should a retreat be found necessary, remain and take care of the wounded. This detail medical directors will request the corps commanders to announce in orders.

The skilful attention shown by the medical officers of this army to the wounded upon the battle-fields of South Mountain, Crampton's Gap and the Antietam, under trying circumstances, gives the assurance that, with this organization, the Medical Staff of the Army of the Potomac can with confidence be relied upon under all emergencies, to take charge of the wounded entrusted to its care.

Very respectfully, your obedient servant,

JONA. LETTERMAN, *Medical Director.*

THE LATE CHARLES T. CARNEY, a leading pharmacist and chemist of this city, whose lamented death was announced in the papers some weeks since, was well known to most of the physicians of Boston, who appreciated his worth while living, and joined in the general sorrow at his death. At a meeting of the Trustees of the Massachusetts College of Pharmacy, on the 1st of October, the President and Corresponding Secretary were appointed a Committee to communicate to the widow of the deceased the deep and heartfelt sympathy felt by the members for the great loss she had sustained. In performing this duty, the Committee say truly of their departed friend—"Standing, as he did, at the head of our profession—having qualified himself by a life of severe self-devotion to study and research—possessing extraordinary ability as an instructor, he has left a vacancy which cannot be filled. He was the centre of our circle, beloved and respected by all, and his worth will remain the richest treasure of our memory."

66 FIFTH AVENUE, NEW YORK, DEC. 5th, 1862.

MR. EDITOR,—Letters just received from Boston notify me that an accomplished swindler, representing himself as my son, has called on several of the prominent medical gentlemen of that city, and obtained, under his base subterfuge, various sums of money. In one instance, I am informed, he asked for \$20, but was requested to accept \$40, which he did without compunction. About six months since, an individual of gentlemanly bearing, assuming to be the son of a distinguished professor of Boston, did me the honor of a visit—said he had just arrived from Washington on his way home, was robbed of his purse, and was without the means to take him to Boston. Without hesitation, I gave him the necessary aid, from which no doubt he took comfort. I believe, from what I can learn, that this is the same "son," who claims a double paternal ancestry.

May I request that you will give this note an insertion in your Journal, in order that our brethren may be on their guard.

Truly yours,

GUNNING S. BEDFORD, M.D.

**PUBLISHER'S NOTICE.**—Many of our subscribers will find enclosed in their copies of the Journal, during this month, bills of their indebtedness, to the close of the current year in February next. Before the commencement of the next volume, notice will be given in regard to the coming year. Most periodical publishers have found it necessary, on account of the greatly increased expenses of publication, to increase their subscription price or diminish the size of their works. This can be avoided in the case of the Journal, for another year, by the payment of the many small sums due as arrearages from individuals in different parts of the country, and the continued patronage of present subscribers. Systematic efforts have lately been made to obtain a settlement of each account of long standing, and prompt and gratifying responses have been received from many subscribers; others are reminded of the importance of giving their earliest attention to it. Receipts for money which comes by mail will be enclosed in the succeeding number of the Journal, and any subscriber not thus getting his receipt is requested to notify the publisher at once.

**VITAL STATISTICS OF BOSTON.**

FOR THE WEEK ENDING SATURDAY, DECEMBER 6th, 1862.

**DEATHS.**

	Males.	Females.	Total.
Deaths during the week, . . . . .	50	31	81
Average Mortality of the corresponding weeks of the ten years, 1851-1861, . . . . .	37.5	33.4	70.9
Average corrected to increased population, . . . . .	0	0	76.64
Deaths of persons above 90, . . . . .	0	0	0

**Mortality from Prevailing Diseases.**

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Varicella.	Dysentery.	Typ. Fev.	Diphtheria
20	1	6	6	6	0	0	1	2

**BOOKS AND PAMPHLETS RECEIVED.**—The Institutes of Medicine, by Martyn Paine, M.D., New York—7th Edition.—The Twenty-sixth Annual Report of the Vermont Asylum for the Insane.

**MARRIED.**—In Cincinnati, Nov. 11th, John A. Murphy, M.D., one of the Editors of the Cincinnati Lancet and Observer, to Miss Caroline Menzies, daughter of Dr. S. G. Menzies.

**DIED.**—On the Jamestown road, near Washington, F. A. Hunt (late of West Boylston), Assistant Surgeon 1st the 27th Regiment Mass. Vols., shot by guerrillas.

**DEATHS IN BOSTON** for the week ending Saturday noon, December 6th, 81. Males, 50—Females, 31. Accident, 3—anaemia, 1—apoplexy, 1—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 1—bronchitis, 3—cancer of the breast, 1—cholera infantum, 1—cholera morbus, 1—consumption, 20—convulsions, 3—croup, 6—diarrhoea, 1—diphtheria, 2—dropsy, 2—dropsy of the brain, 4—scarlet fever, 6—typhoid fever, 1—disease of the heart, 3—infantile disease, 3—disease of the kidneys, 1—disease of the liver, 1—congestion of the lungs, 1—disease of the lungs, 1—inflammation of the lungs, 6—premature birth, 2—puerperal disease, 1—scrofula, 1—suicide, 1—unknown, 1.

Under 5 years of age, 32—between 5 and 20 years, 10—between 20 and 40 years, 21—between 40 and 60 years, 11—above 60 years, 7. Born in the United States, 54—Ireland, 17—other places, 10.

## MEDICAL JOURNAL ADVERTISING SHEET.

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The next Annual Course of Lectures will com-  
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Students who have attended two full courses in other regular Medical Institutions, will be admitted on payment of the Matriculation fee, and a fee of \$10. Graduates of this and other regular Medical Schools, are invited to attend the Lectures, free of charge.

Dec. 4—11.

### MICROSCOPES AND TELESCOPES.—CHAS.

Stropper, 75 Kilby Street, is authorized to re-  
ceive orders for Microscopes and Telescopes made  
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tenth and one one-sixteenth; two of Tolles' Patent  
Miniature Telescopes—very small and of great  
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Dec. 4—21

### VACCINE VIRUS.—The Subscriber proposes

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ned will remit a fresh supply, if notified within ten  
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References.—Dr. Walter Channing, Boston; Dr.  
Oliver Wendell Holmes, Boston; Dr. R. D. Mus-  
sey, Boston; Dr. Henry Bartlett, Roxbury; Dr.  
Dix Crosby, Hanover, N. H.; Dr. Josiah Crosby,  
Manchester, N. H.; Dr. Gilman Kimball, Low-  
ell, Mass.; Dr. S. W. Thayer, Burlington, Vt.  
June 7—19

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The situation is a very desirable one, the buildings  
are commodious, and the rooms pleasant and con-  
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ties of the salts of Gold, Silver, Tin, Mercury,  
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medicinal virtues, being sure to effectually radi-  
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Sept. 18.

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**WELLS & POTTER,** 170 Washington st., Boston, agents for the New England States; and for sale by all Druggists. May 22—1y\*

**PHYSICIAN'S DAILY ACCOUNT BOOK—**NEW EDITION.—An Improved Account Book, prepared expressly for the use of Physicians, comprising in one volume, Day Book, Cash Book and Ledger, for sale at this office. To suit the convenience of individuals, two sizes are furnished at the following prices: Small size, \$3; large size, \$4. At the suggestion of several physicians, copies containing the Day Book alone (without Ledger or Cash Book) have been prepared, and are now offered at \$4.

Orders, with the amount enclosed, may be forwarded by mail to the publisher of this Journal. The book can in most cases be more economically sent by express, and will be promptly forwarded in that way, or as the purchaser may direct. Dec. 11

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### REFERENCES.

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March 13—1f

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From *Perce's Materia Medica*, Vol. II. Part II. page 2243.

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Oct. 23—1y. Boston.

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY  
SAMUEL L. ABBOT, M.D.

Whole No. 1816.] Thursday, Dec. 18, 1862. [Vol. LXVII. No. 20.

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\*. Circulars containing full information can be had on application to the Secretary.

Brunswick, Me., Nov. 1862.  
Nov. 4—tL

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Secretary of the Faculty.

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Dec. 4—tl.

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Dec. 4—31



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Aug 13

**GARRATT ON MEDICAL ELECTRICITY.**—Comprising electro-physiology and meteorology; descriptions and uses of the different currents obtained from various kinds of Batteries; "Electro-Therapeutics," showing clearly, yet limiting those classes of nerve-affections, and of joint and muscle diseases, to which this treatment is adapted; methods of application, &c. By ALFRED C. GARRATT, M.D. Second Edition. Pp. 700. 100 Illustrations. Price, \$3.00.

F. S. Dr. Garratt, No. 9 Hamilton Place, Boston (near Park Street Church), continues to give special attention to the medical uses of Electricity, i.e. primary galvanism, in *Nervous Affections*—for re-kindling the vital force; for restoring tone in certain cases of atony, weakness and pain, as also in many of the more grave nervous affections—traumatic, wasting, and reflex-paralysis; cold-rheumatism, sprains, sciatica, lumbago, irritable spine, neuralgia, headache, nerve-deafness, sensitive eyes, infantile palsy, chorea, amenorrhoea, torpor of bowels, and all the like.

Feb. 27

**ALBANY MEDICAL COLLEGE.**—The next annual course of lectures will commence on the first Tuesday in September, and continue *six weeks*. Degrees will be conferred at the close of the Session, and also in June. Fee for full Course, \$25. Graduation fee, \$20.

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ALDEN MARCH, M.D., Prof. of Principles and Practice of Surgery.

JAMES McNAUGHTON, M.D., Prof. of the Theory and Practice of Medicine.

JAMES H. ARMSBY, M.D., Prof. of Descriptive and Surgical Anatomy.

HOWARD TOWNSEND, M.D., Prof. of Materia Medica and Physiology.

CHARLES H. PORTER, M.D., Prof. of Chemistry and Medical Jurisprudence.

JOHN V. P. QUACKENBUSH, M.D., Prof. of Obstetrics and Diseases of Women and Children.

J. V. P. QUACKENBUSH, Reg'.

Albany, May 8, 1862.—tl

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Jersey City, N. J., Feb. 15, 1862.

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President of Hudson County Med. Society.

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References.—Dr. Walter Channing, Boston; Dr. Oliver Wendell Holmes, Boston; Dr. R. D. Mins, Boston; Dr. Henry Bartlett, Roxbury; Dr. Dixi Crosby, Hanover, N. H.; Dr. Josiah Crosby, Manchester, N. H.; Dr. Glimes Kimball, Lowell, Mass.; Dr. S. W. Thayer, Burlington, Vt. June 7—17

# PHARMACEUTICAL GRANULES AND DRAGEES

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" "	1½	Cynoglosse,	1
Aloetic,	4	Proto-Iodide of Iron,	1
Assafoetida,	4	Lactate of Iron,	1
Aloes and Assafoetida,	4	Sulphate of Quinine,	1 & 2
Dinner, Lady Webster's,	3	Valerianate of Quinine,	1
Compound Calomel, Plummer's,	3	" of Zinc,	1
" " "	1½	" of Iron,	1
Blue Pills,	3	Citrate of Iron and Quinine,	2
Opium Pills,	1	" of Iron,	2
Calomel Pills,	2	Willow Charcoal,	2
Opium et Acet. Plumb., each	1	Diascordium,	2
Extract of Rhatany,	2	Anderson's Antibilious & Purgative,	2
Compound Rhubarb,	3	Extract of Gentian,	2
Compound Colocynth,	3	Iodide of Potassium,	2
Compound Squills,	4	Calcined Magnesia,	2
Dover Powders,	3	Rhubarb,	2
Carbonate Iron, Vallett's formula.		Ergot Powder, covered with sugar	
Carbonate of Manganese and Iron.		as soon as pulverized,	2
Kermes,	1-5	Phellandria Seed,	2
Santonine,	½	Washed Sulphur,	2
Bi-Carbonate of Soda,	4	S. N. Bismuth,	2
Meglin,	1	Tartrate Potassa and Iron,	2

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*Of 1-50 of a grain each.*

Aconitine,  
Arsenious Acid,  
Atropine,  
Digitaline,

Morphine,  
Strychnine,  
Valerianate of Atropine,  
Veratrine.

*Of 1-5 of a grain each.*

Tartar Emetic,  
Codeine,  
Conicine,  
Extract of Belladonna,

Extract of Hyosciamus,  
" of Ipecac,  
" of Opium,  
Proto-Iodide of Mercury,

Lupuline,	gr. ½	Extract Rad. Aconite,	gr. ½
Extract Nux Vomica,	½	Emetine,	½
Veratrine,	1-24	Iodide Mercury,	½
Sulphate of Morphine,	1-8	Valerianate Morphine,	1-8
Corrosive Sublimate,	1-12	Acetate Morphine,	1-8
Nitrate of Silver,	½	Digitaline,	1-24
Extract of Hyosciamus,	½	Strychnine,	1-12
Colchicum (each granule equal to two drops of tincture.)			

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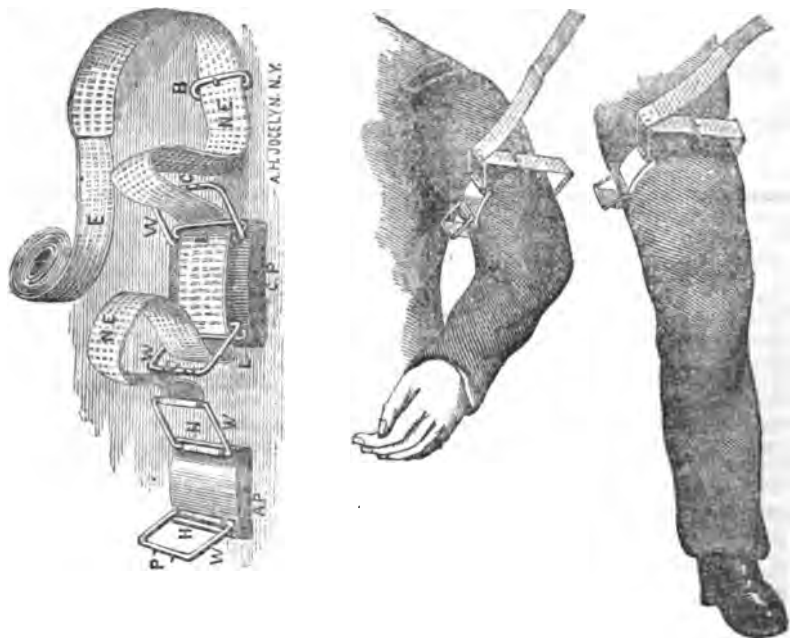
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Sept. 4—1y.



THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

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THURSDAY, DECEMBER 18, 1862.

No. 20.

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STRANGULATED INGUINAL HERNIA.

[Communicated for the Boston Medical and Surgical Journal.]

MR. EDITOR,—The following operation for strangulated direct inguinal hernia, interesting by reason of the tightness of the stricture, its obstinate resistance to all means and appliances of a medical nature, and the rapid and entire recovery of the patient, is cheerfully submitted to your Journal for record.

The patient, A. M., of this town, aged about 30, of nervous temperament and scrofulous diathesis, with a spinal curvature, was "breached" on the right side several years since, as he says, by heavy lifting. Has worn a truss constantly, nights excepted. Small protrusions have occurred many times, which he has readily reduced without professional aid. On the night of Sept. 26th last, at the cry of fire, patient rose from his bed and hastened away, forgetting to apply his truss. While running rapidly to the scene of conflagration, the hernial sac protruded, and remained so three or four hours; during which time he was actively and laboriously engaged, till the severity of abdominal pain necessitated a hasty retreat bedward, where I found him in intense agony. Hot appliances, local and general, were immediately tried, to aid in the taxis, but without any perceptible impression. Ice was suggested, but could not be obtained without considerable delay. Sulphuric ether was then administered, and *perfect anæsthesia maintained for nearly three hours*, with occasional attempts at reduction; the patient being kept some of the time on an inclined plane, with the head downward. This also failed. No diminution whatever was effected in the size of the tumor. The opening into the inguinal canal, which could at times be felt by the point of the finger, was exceedingly small. The tumor was of the usual shape, and of the size of a large orange.

The customary operation was now determined on, and performed by myself as rapidly as possible, the patient being still under ether. The intestine was found of a dark livid color, but nowhere sphacelated; distended with air and some fecal matter. No ligatures were necessary. The wound was approximated by the interrupted suture; and a dressing of water with a graduated compress applied,

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retained by a spica bandage. As soon as consciousness returned, the patient was given pulv. opii gr. i. in pill; which was repeated every three hours for four days. The diet prescribed was one half a teacupful of cream three times daily, gradually increased, for one week, when the patient began to resume his ordinary diet. The wound healed mostly by first intention.

Two weeks from the time of operation, patient left his bed, and walked quite readily about the house; and in a few days more entered upon his customary business. There has been no swelling or protuberance since the operation, and the truss is only worn while walking.

I am thoroughly convinced, by long and repeated trials in the reduction of hernia, that the ring of tissue forming the constriction is not susceptible of dilatation or relaxation, by means purely medical; and that all measures, in order to be successful, should have reference to lessening the size of the tumor—and to this end, I consider *cold* very effectual.

A short time after this operation, I had the good fortune to perform another of the same kind, on that almost constant attendant of the medical man in active practice—the horse. This operation was very successful, and the breach apparently cured; the patient now being able to do good service on the road. No ether was used in this case, owing to the fact that I had not a sufficient quantity on hand; which I very much regret, as this was a good opportunity to test the power of that favorite anæsthetic.

Respectfully yours,  
Westfield, Mass., Dec. 8th, 1862.

GEORGE G. TUCKER, M.D.

#### ANGINA PECTORIS.

[A paper read before the Royal Medical Society of Edinburgh, Scotland, on the 28th of March, 1861, by FRANCIS WAYLAND CAMPBELL, M.D. (McGill College), L.R.C.P., London, &c. &c.]

MR. PRESIDENT AND GENTLEMEN,—In attempting, this evening, to draw your attention for a few moments to a disease of such great importance as “Angina Pectoris,” I do so more in the hope that on the conclusion of my remarks, the members of this Society will freely state what has been their experience, than of adducing anything particularly new or startling concerning an affection the pathology of which is still disputed by the most eminent authorities of the day. Fortunately for the human family, this disease is of comparatively rare occurrence—yet, it was my good fortune that the first case of importance that I was called to attend, after my graduation, was a genuine case of “angina pectoris.” As it will form the subject of a portion of the following remarks, I will now proceed to detail it.

On the 4th of July, 1860, I was sent for in great haste to visit James S., a colorer and whitewasher, aged 54, who, I was informed,

shortly after taking a hearty dinner, was seized with a violent pain in the region of the stomach. When I arrived at his dwelling, I found the pain had entirely disappeared, and he was comparatively well. His bowels being torpid, I ordered ten grains of blue pill to be taken at bed-time, and a seidlitz powder in the morning; and left instructions, should the pain trouble him again, to apply a sinapism over the affected region. On the following day, I again visited him, and was informed that twice during the night he had had a paroxysm of pain, which the sinapisms failed to relieve. Having made minute inquiries into the man's habits, I found that he indulged rather freely in liquor; this, with the fact that the two attacks he suffered from during the night were accompanied by a desire to vomit, led me to order a blister over the epigastrium. On the 6th, he said he was rather better, the blister having lessened the intensity and frequency of the paroxysms.

On the 7th, he was, to use his own expression, "much worse," having had this morning two severe paroxysms. This time he referred the seat of pain to the region of the heart, and described it as agony the most intense, rendering him almost unable to breathe. It came on suddenly, shooting to the back of the neck, then down both arms, lasting about twenty minutes, and gradually passing off. Clearly now I had a case of "angina pectoris." On examining the cardiac region, I detected, on close attention, a faint and almost imperceptible murmur with the first sound of the heart. I prescribed gr. xv. of Dover's powder every four hours, and a tablespoonful of the following mixture every two hours: *R.* Spts. eth. sulph. comp., spts. ammon. arom., aa ʒ ss.; tinct. hyoscyam., ʒ iij.; aquæ ad ʒ vi. On the morning of the 8th, he walked to my surgery, and asked me to repeat the powders, as they had done him a great amount of good. Had, the previous night, only one paroxysm, which was mild in character compared to those which preceded. On the 9th of July, I visited him about noon; he felt himself improving, and was in much better spirits; wished to go out to attend to some business, which I forbade. Same medicines continued. About half past 7 o'clock, contrary to instructions, he attempted to cross the street to a neighbor's house, when he was seized with a severer paroxysm than any of the preceding, so much so, that he was unable to return home without assistance. As he was thought to be dying, I was sent for in great haste. I found him trembling violently, and his body covered with cold perspiration; the pulse was small and frequent, and the countenance exhibited extreme anxiety. A little brandy was ordered, otherwise to continue as before. About 9 o'clock I saw him with Dr. Craik, in consultation, when matters were found much as reported on the 7th. While we were in the room, a paroxysm came on, and, on placing the stethoscope over the heart, a loud systolic murmur was heard—also a very distinct and harsh diastolic bruit; both these sounds were heard over the aortic valves, but were inaudible at the apex. All previous medicines were stopped, and the follow-

ing ordered: *R.* Tinct. valerian. ammon.,  $\frac{3}{4}$  vi.; spts. eth. sulph. comp.,  $\frac{3}{4}$  ss.; tinct. opii,  $\frac{3}{4}$  ij.; aquæ ad  $\frac{3}{4}$  vi. Take  $\frac{3}{4}$  ss. every three hours. It was determined to try the hypodermic injection, should we again find him in a paroxysm. On the 10th, he felt easier, and a few moments before I arrived on the 11th, he was attacked with a paroxysm, which was on when I entered. The physical signs were precisely as noted on the 9th. I injected seven drops of Tilden's fluid extract of belladonna, and twenty drops of liquor opii sedativus (Battley's) hypodermically, which failed to give any relief or affect him in the slightest, and the paroxysm passed off as previously.

12th July.—Dr. Craik met me in consultation to-day. Has had several severe attacks since last visit. We felt inclined again to try the effect of the hypodermic injection, but he positively refused to submit; he begged to be cupped, which I accordingly did, and obtained about six ounces of blood. 13th July.—Has found more relief from the cupping than from anything else. Asked to have it repeated, which was accordingly done. On the following day he felt himself so much better that it was with difficulty that he could be persuaded to remain at home. 15th July.—On making my visit to-day, I found that in the morning he had had a slight attack, which he attributed to some exertion he had made. Visited him at 8, P.M.; felt quite well, was sitting chatting with some friends. No paroxysm since the morning. 16th July.—About three o'clock this morning, he suddenly awoke his wife, saying he had another attack. He then called for his medicine. She got up, lit a candle, despatched a messenger for me, and brought the bottle to him. He raised his head to take some of it, when he suddenly placed his hand over his heart, his head fell back, and without a struggle he died.

A *post-mortem* examination was made about 13 hours after death. The countenance was tranquil, and the cadaveric rigidity extreme. The heart was considerably enlarged and fatty. On the surface were two milky patches, about an inch in diameter, and each of the cavities contained a small quantity of blood. The mitral and tricuspid valves were healthy. On the free surface of the aortic valves, ossific matter was deposited, as well as upon the whole surface of the arch, rendering the parts rough and gritty to the finger. At the aorta, between two of the valves, was a triangular spot, about three eighths of an inch in diameter, which projected to the extent of one tenth of an inch into the calibre of the artery, and no doubt contributed to cause the murmur which had been diagnosticated before death. No other lesion of the heart was discovered, and all the other organs were healthy, with the exception of the liver, which, as might have been anticipated, by the man's habits, was considerably enlarged.

This, gentlemen, terminates the history of a case which, to me, was full of interest. Doubtless it is not as fully reported as one more experienced would have done, still I hope that, in some points

at least, it is instructive. As a general rule, "angina pectoris" does not terminate fatally so rapidly, as in the case just detailed, for Stokes records a case where the patient suffered for ten years from aggravated symptoms of this disease. Indeed, so far as time and the means at my command allowed, I have been able to find but one recorded case which proved fatal in a shorter period, which is given by Latham, and was that of Dr. Arnold, the head master of the School at Rugby. Others may have occurred—may be reported—but they can be but few, for Dr. Begbie of this city, Professor of Practice of Medicine in the College of Surgeons, whose means of inquiring are of course great, a few weeks ago, while lecturing on "angina pectoris," was pleased to quote my case, as an example of an extremely rapid termination of the disease. Previous to my being called to attend this man, he had enjoyed remarkably good health, for a period of twenty years not having a bodily ache of any kind. The quick succession of attacks which he suffered from, was another peculiarity in the case, while no exciting cause could possibly be ascertained. In almost all the cases which I have read, weeks and months as a rule intervened between the paroxysms; while my patient had three and four in one day, the fatal termination ensuing upon the twelfth day from the first attack. It is deeply to be regretted that concerning a disease so interesting as the one under consideration, of late years but little has been done towards its investigation. In such works as Walshe, Stokes, and Latham, we find that a few pages contain all these justly celebrated authors have to say on the subject. It is, I say, to be regretted; for of late years the microscope has thrown such a vast amount of light upon hitherto obscure affections, that I cannot resist the temptation of believing that if those who from their extensive field of observation are likely to have cases of "angina pectoris" come under their notice, would patiently investigate the subject with the aid of that valuable instrument, the darkness and uncertainty which now surrounds it would soon pass away. As it is now, we have to go back to the year 1799, since which time but little advance has been made in our knowledge of this disease. In that year, Dr. Parry, a member of this Society, published a work entitled "An inquiry into the Symptoms and Causes of Syncope Anginosa," and to this day it is unquestionably the best monograph that we possess on the subject, and the theory then advanced by him I will presently attempt to show is the one most supported by pathological observation. One fact concerning the disease we may, however, take as established, and that is, true "angina" never occurs without organic disease of the heart or arteries in its vicinity. It is true, cases are recorded in which no traces of organic disease were observed. Concerning such cases Dr. Stokes (and I must believe he is correct) says: "It is more probable that in the cases so described, the disease was overlooked, than that the heart was perfectly sound." He then goes on to say, "that such cases as were observed before

the application of the microscope to pathological anatomy, may be set aside as proving the existence of 'angina' without organic change; for among the most important uses of histological research, is the discovery of those early stages of organic change which escape the unassisted eye." Dr. Walshe on the same subject says, "It has occurred to me to examine during life some six or eight cases of true 'angina'; in every one there were signs of organic disease. I have opened or seen opened the bodies of three persons destroyed in the paroxysms; the heart was texturally affected in all." The forms of organic disease present, as enumerated by Latham, are as follows:—1st, weakness and attenuation; 2d, weakness with fatty degeneration; 3d, some form of valvular disease, generally affecting the left side; 4th, disease of the aorta, with or without obstruction of the coronary arteries. If we analyze closely the various cases which have been recorded, it will be found that in the great majority of instances, the organic disease present was weakness with attenuation of the walls of the heart, or weakness with fatty degeneration, the coronary arteries as a rule being ossified (and as in the case detailed, the ossification extending frequently to the aorta and valves), and if not truly in an ossified condition, at least a cartilaginous formation being found in their interior. If the coronary arteries are found in the condition I have just named, it need not, I think, excite our amazement, if we find the heart itself in a weakened condition; for just in proportion as these arteries vary from their normal state will the nutrition of the heart be impaired. If the calibre of the artery is in the slightest degree diminished, the required amount of blood will not reach the great arterial centre, the result being a weakening of the muscular fibres. I believe, then, that as a general rule, in all true cases of "angina pectoris," the coronary arteries will be found diseased. Having made this strong assertion, it may surprise the members of this Society somewhat, that in the case which came under my care not one word about the coronary arteries appears in the *post-mortem* examination. You cannot regret it more than I do, but it could not be avoided. It was with great difficulty that I succeeded in getting the friends to consent to such an examination, and before it was completed to our satisfaction, the friends entered and would not allow us to proceed further. Unfortunately the examination of the coronary arteries had been postponed till the last, but from hurriedly passing my finger over them, I can with certainty say, they felt as if ossified, and in my own mind I have no doubt but they were.

It will be remembered that the heart of this man was enlarged and fatty. The hypertrophy can easily be accounted for from the man's occupation, which was of such a character as to constantly keep the heart in an excited condition. It is very probable that he may have suffered, unknowingly, from this disease for many years; the fatty condition, judging from its extent, being of comparatively

recent date. My opinion is, that had the man lived a few years longer, the hypertrophy would have in a great measure disappeared; while the muscular fibres of the heart to the naked eye—but more so under the field of the microscope—would have presented, in a very marked degree, the characteristic signs of weakness, the fatty transformation in the mean time gradually increasing. I have previously mentioned a case, recorded by Stokes, of a patient suffering ten years from “angina pectoris,” and here the *post mortem* revealed vast hypertrophy, which was believed to have been secondary to an attack of “endo-pericarditis.” I regret that in this case not a word is said regarding the condition of the coronary arteries; still, however, I am forced to believe they must have been in an abnormal condition, sufficient to interfere with the proper nutrition of the heart, for I find that digitalis—a most valuable remedy in the treatment of hypertrophy—was sure to aggravate his distress; saline purgatives did the same. Now surely, if the hypertrophied heart was in this case, as is the rule, receiving an amount of blood equal to the increased duty which it was called upon to perform, digitalis would have been the remedy above all others selected to benefit the patient. On the contrary, he always received the greatest possible benefit from the employment of stimulants, as a rule contra-indicated in hypertrophy, his allowance being for many years eighteen tumblers of punch daily. The effect of these two directly opposite modes of treatment goes strongly, I think, to prove that the muscular fibres of the heart were in an excessively weakened condition. Hypertrophy in “angina pectoris” seems to be extremely rare. In addition to my own case, the only other I have been able to lay my hands upon (having used your magnificent library) is the one I have quoted from Dr. Stokes, and if we will not admit that the fibres are degenerated, it will be somewhat of a difficult task to account for the sudden death of Dr. Stokes's patient, which he himself says was by syncope. Before taking leave of this case, I may as well mention that none of the salts of morphia, or even the black drop, except in *very large* doses, produced the desired effect.

Having thus touched upon a few of the leading facts connected with this disease, we will now pass on to consider the real and important question at issue, what is “angina pectoris”? I have mentioned the different varieties of organic lesion which are found in and around the heart; but as all these changes exist and prove fatal without any symptoms of “angina,” “the conclusion is unavoidable,” says Walshe, “that there is something beyond organic mischief concerned in generating the paroxysm.” What that is, I will now try to show. I may fail; if I do so, I fail in a good cause. Walshe, with Latham and others, allies it to the nervous group, stating it to be spasm of the heart; while Stokes, with Parry, who is still the great authority on this disease, considers the pathological condition during the paroxysm to be a diminution of the muscular power of the heart; and, from what I have already stated, you know that this

is the theory, which, to my mind, seems to be most strongly supported by facts. First, however, we will see what arguments the supporters of the spasmodic theory have to adduce. Walshe says that its spasmodic character appears from its sudden advent and departure; from the character and intensity of the suffering; from the perfect ease enjoyed in the interval of seizure: and from the kind of treatment that proves beneficial. Latham urges more strongly than the preceding authority its spasmodic character. He refers the pain, and the dying sensation felt by the patient, to spasm. Certainly these arguments appear strong, but, if we have recourse to facts, we find the theory advanced by Parry, and more recently endorsed by Stokes—that the attack depends upon a weakened condition of the heart, the blood arriving at that organ faster than it is able to propel it onward—is the one most supported by them. Thus females, notoriously more liable to diseases of a spasmodic character than males, enjoy almost a complete immunity from it; indeed, I consider it very doubtful if the few cases that are mentioned as occurring in women were genuine attacks of angina pectoris. It nearly always occurs in men above the age of fifty (a period of life peculiarly prone to ossification of the arteries) and of a leuco-phlegmatic habit of body, and there is not the slightest evidence to show that after a fatal paroxysm of angina, the heart has been found in a spasmodically contracted condition, although this condition has been found after death from other causes, such as tetanus or decapitation. In my own case, although the muscular system generally was in a state of extreme rigidity, the heart, so far from being spasmodically contracted, was more flaccid than usual, and contained blood in all its cavities. The walls of the organ were attenuated, and in a state of fatty degeneration, two conditions not at all favorable to spasm, but eminently so to failure of muscular power. If angina was due to spasm, should we not expect to find, and *should we not* find the heart firmly contracted? Again, if it was spasm, would not the circulation be interrupted, in fact totally stopped, which we certainly know is not the case. On the contrary, we find that the pulse becomes weak the moment the paroxysm sets in, and increases in weakness just in proportion to the duration of the attack. Dr. Parry, in his admirable work, mentions the case of a patient who was under his care for a lengthened period, who permitted the Doctor to accompany him during a walk up hill, in order that he might witness what occurred during a paroxysm of angina. Dr. Parry says, “when the fit was thus excited, I could perceive no symptoms of disorder in addition to the uneasiness at the breast, except a *gradual* and most *evident diminution* of the strength of the pulse, and I have no doubt that we shall invariably find the pulse become weaker in proportion to the intensity of the paroxysm.” Dr. Wall also mentions a case where the pulse was never *irregular*, but *always small*, gradually sinking as the paroxysm increased. Can we account for this state of things on the theory of spasm?



I think not; yet it seems to me no difficult matter to account for them if we only admit the weakened condition of the muscular fibres of the heart. The cold perspiration, which is so frequently seen in a paroxysm of any duration, is easily explained by the gradual failure of the circulation, and the intense anxiety of mind under which the patient labors. Many patients complain that, when in the paroxysm, they have the terrible feeling that to take a full inspiration would cause instantaneous death, yet that it is only a feeling is proved by a case mentioned by Parry. A gentleman had this terrible feeling, yet when he could muster sufficient courage to take a deep and full inspiration, he found the *greatest possible relief* from it. May we not account for this by the expanding lung pressing against the gradually distending heart, and thus assisting it in its getting rid of the accumulating blood? Taking a deep inspiration, and retaining the breath, affords relief from this feeling so long as the lung is expanded. This can, I think, be accounted for in the same way. Added to the weakened condition of the heart, is, as I have said before, often found ossification of the large vessels or valves about the heart, which will prevent the free evacuation of the blood from the cavities, and in this way assist in dilating them; and I think we can easily understand how the elasticity or living force of an organ like the heart may be overcome by extreme distension. Hence, though a heart diseased may be fit for the purposes of common circulation during a state of bodily and mental tranquillity, and of health otherwise good, yet, when any unusual exertion is required, its powers may fail under the new demand; accordingly, we find that "angina" is readily excited by those passions, the tendency of which is to stimulate the heart to excessive contraction. Thus we find that many of the recorded cases proved fatal while the patient was in a violent transport of anger.

The symptoms of angina are as readily accounted for on this theory, for the pain may be due to the distension of the heart and large veins; indeed, the increased volume of the heart more readily accounts for the pain shooting along the arms, from pressure upon the nerves, than from any phenomena connected with spasm. Mr. Home, however, attributes the pain to the pressure of the nerves of the heart against the rigid coronary arteries during the paroxysm. The cause of sudden death from angina pectoris, while the patient is asleep, can hardly be accounted for in the same way as I have accounted for a paroxysm. It is more likely, I think, that the patient suddenly starting in his sleep, the blood is driven forward to a heart already in a very weak condition, with such an impetus, that the violent effort it makes to contract and propel the blood onward, is too much for some of its attenuated fibres, and that a minute rupture takes place, causing instantaneous death; the rupture being so minute as to be unobservable to the naked eye. Such is the opinion I have formed regarding sudden death from angina while the patient is asleep. Before closing, I will notice one objection, or

rather one more argument, which the supporters of the spasmodic theory may be inclined to adduce. They may say that the spasm may be only sufficient to impede, not destroy the circulation. To this Stokes says it is difficult to understand how such a thing should occur, for a complete spasmodic closure of any one cavity ought to cause death by breaking the continuity of the circulation. As regards the use of opium, it seems to be of but little value, except as a narcotic; if it was likely to benefit as an antispasmodic, surely it would have been of use to my patient when injected hypodermically (at almost the commencement of a paroxysm), the most speedy way of its entering the circulation.

The difference of opinion respecting the condition of the heart during a paroxysm might be overlooked, were it not likely to influence the treatment; but as the treatment of spasm differs materially from that of debility, the disputed point becomes one of some importance. If, for instance, the spasmodic view be adopted, the remedy ought to be found in chloroform; but I have been unable to find any recorded cases in which its administration has been attended with benefit. On the contrary, Dr. Stokes mentions a case of *intercostal neuralgia*, in which the external application of chloroform produced convulsions and collapse, which lasted for many hours. Adopting the other view of the pathology of the disease, the remedies which should be used ought to be stimulants, together with the careful avoidance of all depressing agencies, such as over-exertion of mind and body, ebullitions of temper, sudden surprises, &c. &c. The treatment of course can only be palliative, for the constant concurrence of organic disease precludes the possibility of a permanent cure.

Before closing, I can but express the hope that the next few years may elicit more concerning the pathology of this interesting disease than have the previous sixty-three years.

On the conclusion of the paper an animated discussion took place, which lasted for about two hours, in which Mr. Pettigrew, whose dissections of the heart have elicited so much admiration, Mr. Berryman, assistant to Professor Simpson, Dr. Caffé, Mr. Duncan, Mr. J. Crichton Browne, and numerous others, took part—the majority speaking against the spasmodic theory.—*British American Journal*.

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HEALTH OF SCOTLAND.—During the month of September there were registered in the eight principal towns in Scotland the births of 2575 children, 1329 being males and 1246 females. Of these 274 were illegitimate, being 10.6 per cent. The deaths registered during the month were 1754. Of these 870 were males, and 884 females, the rate of mortality being higher than in any previous September registered, except in 1857. The zymotic class of diseases proved fatal to 415 persons, or 23 per cent. of the mortality. The month was characterized by a high barometer; the quantity of rain that fell was, with one exception, the least recorded.—*Lancet*.

### Bibliographical Notices.

*Stromeyer (Dr. Louis) and Esmarch (Dr. Friedrich) on Gun-shot Injuries.* Translated by S. F. STRATHAM. Philadelphia: J. B. Lippincott & Co. 1862. 12mo. Pp. 120.

The Rebellion, while it has developed the energies of our population in the art of war, has drawn out a series of books—many of them valuable, and some almost worthless—on the subject so new to our medical men, military surgery. The present volume belongs to the former of these classes; it is really valuable.

These distinguished Germans, the former Surgeon-in-Chief, and the latter Surgeon of the Schleswig-Holstein army, in the campaign of 1849 against the Danes, give us the result of their valuable experience in a concise, practical way—the former on gun-shot fractures, the latter on resection in gun-shot injuries.

Dr. Stromeyer's article is devoted entirely to gun-shot fractures and the treatment of these injuries. In the early part he describes quite minutely the action of various forms of ball on bone under various circumstances. He advises to dispense entirely with the probe in the examination of gun-shot wounds—the index finger is the natural probe, and that alone can estimate the amount of damage in these cases, with the consequent comminution of bone, opening of joints, tearing of nerves and muscles and other damage; and, indeed, in hardly any case can this style of probe not be made available, except where the finger proves too short to reach the bottom of a sinus. The external wound is almost always smaller than the inner tract, the integuments forming a constriction, which, once passed, offers no farther obstacle to the examination. No patient should be allowed to remain in a hospital twenty-four hours, in cases where a perforating wound has been received, especially if bone has perhaps been injured, without a thorough digital examination, under ether if necessary, to ascertain the exact condition of the parts; otherwise the surgeon must work entirely in the dark, and learn, perhaps too late, that what he thought a simple flesh wound covers thoroughly comminuted bone.

Most of Stromeyer's views on treatment seem very just, and according to the principles of our own schools. He quotes the opinion of another, "those cases proceed the best which are not meddled with." The removal of foreign bodies, rest, antiphlogistic treatment and care for the free escape of pus, are the principles on which he starts. He however advises venesection, a practice not sanctioned in most cases by our surgeons. The remainder of his article is devoted to the consideration of wounds of single bones.

Dr. Esmarch divides his work into two portions—on the injuries of shafts of bones by bullets, and on gun-shot wounds of joints. The general tone of both of these surgeons is conservative, and the satisfactory results, in most of their cases mentioned, testify to the propriety of such a course. Such a course must, it is true, be decided in large part by the peculiar exigencies and circumstances of the war—for we know that while the result of amputation in the Crimea was generally favorable, and of resections unfavorable, the result in the Schleswig-Holstein campaign was exactly reversed—and also by the nature of the case in hand; for, while one would hesitate before exact-

ing the entire femur, *to save the leg* (as is reported to have been done), or removing the entire carpus with an inch of the radius and ulna, for a badly comminuted wrist (as we know to have been advised), can we but shudder at the reckless butchery which we know to have been done in our own service, and may we not rather err on the conservative than the heroic side?

Esmarch asserts that, in a large number of cases, extensive comminution of the larger osseous shafts may be cured without operative interference. Of course the patient must be placed under favorable influences and good treatment. Many owe the loss of limbs simply to careless transport from the field to the hospital. What with rough roads, rude wagons and cruel ambulance drivers, many cases, simple at first, have been rendered complicated; and here let us suggest the use of Smith's anterior splint—now so largely used in our military hospitals—in the transport of men with badly shattered limbs. The action of this is simply, in the first place, to make the comminuted limb *a unit* by suspending it from the splint, and next, to isolate it entirely from all surroundings by slinging it from the top of the ambulance. No other plan, it seems to us, offers so complete isolation and consequent ease. Esmarch's treatment in injuries of the continuity coincides very nearly with that of our own neighborhood and time.

The especial value of this little volume, however, is contained in the article on gun-shot injuries of joints, in which the whole matter of exsection and resection is discussed. To say that the surgeons of this campaign had a number of cases of this character would be stating but a part of the truth; in fact, they seemed to strive to bring all cases in any way fitted for it, to resection, and their testimony is to that degree valuable, as they have made it so strictly a specialty. While Esmarch considers that active interference should be avoided in injuries of the shaft, if possible, he is convinced that injuries of the joints require operation. The remainder of the book is devoted to the joints; careful directions regarding treatment and operation, and a list of cases, being given.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, DECEMBER 18, 1862.

**FRENCH AMBULANCE KNAPSACKS.**—Through the kindness of Dr. J. Mason Warren, we have been permitted to examine three French ambulance knapsacks, which he has recently received from Mr. Turner Sargent, of this city, now resident in Paris. These knapsacks were purchased at the suggestion of Dr. Warren, one of them at his expense and two at the expense of Mr. Sargent, and are intended as gifts for three of our Massachusetts regiments. This knapsack has stood the test of two campaigns of the French army, and may be considered as the best contrivance for the purpose intended which has yet been devised. It is every way superior to that hitherto used in our army. We translate from the *Système des Ambulances*, &c., by M. Boudin, the following description of this useful companion of the French military surgeon:—

"A ministerial decree of the 22d of December, 1839, provides that each battalion of infantry shall be supplied with an ambulance knapsack, attached to which is a cylindrical case of tinned iron, fastened with a padlock, and protected by a covering of striped ticking, which is double and water-proof. This cylinder takes the place on top of the knapsack of the covering for the soldier's coat. The whole knapsack conforms in weight and dimensions with that carried by the infantry. It contains the following apparatus:—

"1st. THE CYLINDER.—Contents:—A case containing the following instruments:—1 tourniquet, with a buckle and two pads (Charrière's model); 2 amputating knives, in sheaths, each 22 centimetres long; 1 double-edged knife, in a sheath, 22 centimetres long; 2 straight bistouries, of which one has a narrow blade, with black horn handles; 1 convex bistoury, with a black horn handle; 1 amputating saw (Charrière's pattern); 1 additional saw-blade, very narrow, to take the place of a phalanx saw; 1 pair of artery forceps, with a slide which can be fastened at will; 2 suture needles (Larrey's pattern); 1 ball-forceps, strong (Baudens's pattern), for the extraction of splinters, polypi and all foreign bodies; 1 œsophageal sound, a tube of India rubber tissue of double thickness; 1 whalebone probang, which also answers as a style for the sound; 2 sounds, provided with eyes at the end as well as in their stylets; 1 cylindrical case; 1 covering of water-proof cloth; 1 knapsack of tinned iron, divided into compartments, and fastened with a padlock.

"2d. THE KNAPSACK.—Upper compartment. Contents:—Half a pound of lint; five little sheets of carded cotton, 20 centimetres by 23 centimetres, to be used as lint; 2 medium-sized splints.

"Intermediate compartment. Right case:—11 rolled cotton bandages of different sizes; 5 rolled linen bandages of different sizes; 1 piece of tape, 2 centimetres wide and 8 millimetres long. Left hand case:—Three head-bandages of cotton cloth, of different sizes; 14 cotton compresses of different sizes; 7 linen compresses of different sizes; 1 linen body bandage.

"Drawer, or lower compartment. Right hand cases:—1 flask, with a ground stopper, containing 60 grammes of tincture of sulphuric ether; 1 flask, with a cork stopper, containing 30 grammes of laudanum. Left hand cases:—1 flask, with a glass stopper, containing 60 grammes of camphorated spirit; 1 flask, with a cork stopper, containing 60 grammes of olive oil.

"Middle compartment:—1 tin cup; 1 cupping glass; 1 sponge; 1 square vessel of tin, intended to be used as a wash basin; 1 flask, with ground stopper, containing 30 grammes of aqua ammoniæ; 1 corkscrew; 1 roll of isinglass plaster; 50 pins; 1 piece of wax; 1 wax candle; 1 pencil; 10 needles for sewing; 1 packet of 2 grammes of tartar emetic (each packet containing one decigramme); 1 packet of 4 grammes of sulphate of quinine (in packages of 2 decigrammes); 1 box of friction matches; 1 roll of plaster; 1 piece of oak agaric; 1 ball of grey thread; 1 package of corks to fit the flasks.

"The linen and the instruments are sufficient to dress three wounds of the head, one wound of the chest, and for an amputation of the arm or leg, or to dress about twenty light wounds.

"The chiefs of corps designate the place which the man who carries the ambulance knapsack shall occupy, in marches or military movements, so that he may always be as near as possible to the surgeon."

The knapsack is covered with calf-skin, dressed with the hair on, which is entirely impervious to water. The whole apparatus is remarkable for its compactness and durability.

**NEW DIET TABLE FOR UNITED STATES MILITARY HOSPITALS.**—We print below a new diet table for the Military Hospitals of the United States, which has recently been sent to certain of these institutions for trial for thirty days. It will be seen that it is all that could be desired as to quantity and variety of the articles furnished; indeed, there seems to be a likelihood that there will be in some instances a considerable redundancy in the amount of provisions supplied. As the quantity to be distributed at each meal is definitely given, and the table is to be followed literally for thirty days as an experiment, there can be no departure from it, by crediting any portion of it not needed to the hospital fund. The only alternative of a surgeon who sees good food in danger of being wasted by a literal compliance with the order, is to place some of his patients, who are in a condition to be put on full diet, in a class below. We have recently happened to see, in a hospital which we were visiting, a large quantity of excellent bread, most of which was spread with good butter, which had been rejected in one day by the patients as being more than they could eat. When put in the scales, it was found to weigh nearly sixty pounds! As the new diet table is as yet but an experiment, doubtless such danger of waste will be avoided when it is completed in a permanent form. As it stands, it is only one more evidence of the bounty with which our Government provides for the wants of its sons who are the sufferers from this wicked rebellion. Nothing could more effectually silence anonymous newspaper slanders about the supplies of food to our soldiers in hospital.

**ARTICLES COMPOSING THE DIFFERENT DIETS FOR A DAY, AVOIRDUPOIS WEIGHT.**

FULL DIET.		HALF DIET.		LOW DIET.	
Meat.....oz.	16	Meat.....oz.	8	Meat.....oz.	8
Bread.....oz.	18	Bread.....oz.	16	Bread.....oz.	14
Potatoes.....oz.	8	Potatoes.....oz.	6	Salt.....gill.	0 16
Other vegetables.....oz.	8	Other Vegetables.....oz.	6	Tea.....oz.	0 34
Rice, hominy, or Indian meal.....oz.	1 60	Rice, hominy, or I. meal.....oz.	1 60	Sugar.....oz.	2 40
Salt.....gill.	0 16	Salt.....gill.	0 16	Milk.....oz.	8
Coffee.....oz.	0 80	Coffee.....oz.	0 80	Butter.....oz.	1
Tea.....oz.	0 12	Tea.....oz.	0 12	Rice, farina, corn starch, or bread, made into pudd'g, oz.	2
Sugar.....oz.	2 40	Sugar.....oz.	2 40		
Milk.....oz.	8	Milk.....oz.	8	MILK DIET.	
Butter.....oz.	1	Butter.....oz.	1	Bread.....oz.	14
Flour.....oz.	0 25	Flour.....oz.	0 25	Rice.....oz.	2
Molasses.....gill.	0 32	Molasses.....gill.	0 32	Milk.....pt.	3
Vinegar.....gill.	0 32	Vinegar.....gill.	0 32	Sugar.....oz.	1
TUESDAY, in lieu of Fresh Meat:		CHICKEN DIET.		BEEF-TEA DIET.	
Pork.....oz.	8	Fowl.....oz.	12	Beef (without bone).....oz.	8
Beans.....gill.	0 64	Bread.....oz.	18	Bread.....oz.	12
		Salt.....gill.	0 16	Salt.....gill.	0 32
		Tea.....oz.	0 24	Tea.....oz.	0 34
		Sugar.....oz.	2 40	Sugar.....oz.	2
		Milk.....oz.	3	Milk.....oz.	4
		Butter.....oz.	1		

**EXTRA DIET AND DRINKS.**

Beef steak.	Fish.	Gruel, corn meal.	Wine jelly.	Wine whey.
" essence.	Oysters, raw.	" oat meal.	Custard.	Brandy.
" extract.	" stewed.	Farina.	Oranges.	Whiskey.
Mutton chop.	Clam soup.	Corn starch.	Lemons.	Wine, sherry.
" broth.	Vegetables (special).	Taploca.	Fruits.	"
Veal cutlet.	Milk.	Crackers.	Ice.	Porter.
Ham, broiled.	Sugar, white.	Toast.	Barley-water.	Ale.
Poultry.	Sugar, brown.	Chocolate.	Rice-water.	Chlor.
Game.	Barley.	Cocoa.	Jelly-water.	Milk punch.
Eggs.	Cracked wheat.	Blanco mango.	Lemonade.	

## FULL DIET.

SUNDAY.			TUESDAY.			THURSDAY.		
Breakfast.	Coffee.....pt.	1	Coffee.....pt.	1	Coffee.....pt.	1	Coffee.....pt.	1
	Bread.....oz.	6	Bread.....oz.	6	Bread.....oz.	6	Bread.....oz.	6
	Butter.....oz.	$\frac{1}{2}$	Butter.....oz.	$\frac{1}{2}$	Butter.....oz.	$\frac{1}{2}$	Butter.....oz.	$\frac{1}{2}$
	Hominy, boiled.....oz.	2	Meat hash, with vegetables.....oz.	8	Meat hash, with vegetables.....oz.	8	Meat hash, with vegetables.....oz.	8
	Molasses.....gill.	0.32						
Dinner.	Roast beef.....oz.	16	Pork } Baked.....oz.	8	Semi-stewed beef or mutton.....oz.	12	Semi-stewed beef or mutton.....oz.	12
	Potatoes.....oz.	8	Beans } or in soup.....gill.	0.64	Do. do. soup.....pt.	1	Do. do. soup.....pt.	1
	Other vegetables.....oz.	8	Potatoes.....oz.	8	Potatoes.....oz.	8	Potatoes.....oz.	8
	Bread.....oz.	6	Other vegetables.....oz.	8	Other vegetables.....oz.	8	Other vegetables.....oz.	8
	Rice Pudding.....oz.	6	Bread.....oz.	6	Bread.....oz.	6	Bread.....oz.	6
Tea.	Tea.....pt.	1	Indian Pudding.....oz.	6	Tea.....pt.	1	Tea.....pt.	1
	Bread or Crackers.....oz.	6	Tea.....pt.	1	Bread or crackers.....oz.	6	Bread or crackers.....oz.	6
	Cheese.....oz.	3	Bread.....oz.	6	Cheese.....oz.	3	Cheese.....oz.	3
MONDAY.			WEDNESDAY.			FRIDAY.		
Breakfast.	Coffee.....pt.	1	Coffee.....pt.	1	Coffee.....pt.	1	Coffee.....pt.	1
	Bread.....oz.	6	Bread.....oz.	6	Bread.....oz.	6	Bread.....oz.	6
	Butter.....oz.	$\frac{1}{2}$	Butter.....oz.	$\frac{1}{2}$	Butter.....oz.	$\frac{1}{2}$	Butter.....oz.	$\frac{1}{2}$
	Cold meat.....oz.	4	Indian meal, boiled.....oz.	2	Fish, fresh or salt.....oz.	8	Fish, fresh or salt.....oz.	8
Dinner.	Beef soup.....pt.	1 $\frac{1}{2}$	Molasses.....gill.	0.32	Cod-fish, in hash.....oz.	8	Cod-fish, in hash.....oz.	8
	" " meat.....oz.	12	Beef, recently corned, or ham, boiled.....oz.	16	" " with potatoes.....oz.	12	" " with potatoes.....oz.	12
	Bread.....oz.	6	Potatoes.....oz.	8	Beets or turnips.....oz.	8	Beets or turnips.....oz.	8
	Potatoes.....oz.	8	Other vegetables.....oz.	8	Bread.....oz.	6	Bread.....oz.	6
	Other vegetables.....oz.	8	Bread.....oz.	6	Bread pudding.....oz.	6	Bread pudding.....oz.	6
Tea.	Tea.....pt.	1	Pickles.....oz.	1	Tea.....pt.	1	Tea.....pt.	1
	Bread.....oz.	6	Tea.....pt.	1	Bread.....oz.	6	Bread.....oz.	6
	Butter.....oz.	$\frac{1}{2}$	Bread.....oz.	6	Butter.....oz.	$\frac{1}{2}$	Butter.....oz.	$\frac{1}{2}$
SATURDAY.			SATURDAY.			SATURDAY.		
Breakfast.	Coffee.....pt.	1	Dinner.	Semi-stewed beef or mutton.....oz.	12	Tea.	Tea.....pt.	1
	Bread.....oz.	6		Do. do. soup.....pt.	1		Bread.....oz.	6
	Butter.....oz.	$\frac{1}{2}$		Potatoes.....oz.	8		Butter.....oz.	$\frac{1}{2}$
	Hominy, boiled.....oz.	2		Other vegetables.....oz.	8		Fruit, stewed.....oz.	4
	Molasses.....gill.	0.32		Bread.....oz.	6			

## HALF DIET.

SUNDAY.			TUESDAY.			THURSDAY.		
Breakfast.	Coffee.....pt.	1	Coffee.....pt.	1	Coffee.....pt.	1	Coffee.....pt.	1
	Bread.....oz.	6	Bread.....oz.	6	Bread.....oz.	6	Bread.....oz.	6
	Butter.....oz.	$\frac{1}{2}$	Butter.....oz.	$\frac{1}{2}$	Butter.....oz.	$\frac{1}{2}$	Butter.....oz.	$\frac{1}{2}$
	Indian meal, boiled.....oz.	2	Hominy, boiled.....oz.	2	Indian meal, boiled.....oz.	2	Indian meal, boiled.....oz.	2
	Molasses.....gill.	0.32	Molasses.....gill.	0.32	Molasses.....gill.	0.32	Molasses.....gill.	0.32
Dinner.	Beef broth.....pt.	1	Mutton or beef broth.....pt.	1	Beef or mutton broth.....pt.	1	Beef or mutton broth.....pt.	1
	" " Meat.....oz.	8	" " meat.....oz.	8	" " meat.....oz.	8	" " meat.....oz.	8
	Bread.....oz.	4	Bread.....oz.	4	Bread.....oz.	4	Bread.....oz.	4
	Potatoes.....oz.	6	Potatoes.....oz.	6	Potatoes.....oz.	6	Potatoes.....oz.	6
	Other vegetables.....oz.	6	Other vegetables.....oz.	6	Other vegetables.....oz.	6	Other vegetables.....oz.	6
Tea.	Rice pudding.....oz.	6	Indian pudding.....oz.	6				
	Tea.....pt.	1	Tea.....pt.	1	Tea.....pt.	1	Tea.....pt.	1
	Bread.....oz.	6	Bread.....oz.	6	Bread.....oz.	6	Bread.....oz.	6
MONDAY.			WEDNESDAY.			FRIDAY.		
Breakfast.	Coffee.....pt.	1	Coffee.....pt.	1	Coffee.....pt.	1	Coffee.....pt.	1
	Bread.....oz.	6	Bread.....oz.	6	Bread.....oz.	6	Bread.....oz.	6
	Butter.....oz.	$\frac{1}{2}$	Butter.....oz.	$\frac{1}{2}$	Butter.....oz.	$\frac{1}{2}$	Butter.....oz.	$\frac{1}{2}$
Dinner.	Beef soup.....pt.	1	Beef soup.....pt.	1	Cod-fish hash, with potatoes.....oz.	8	Cod-fish hash, with potatoes.....oz.	8
	" " meat.....oz.	8	" " meat.....oz.	8	Bread.....oz.	4	Bread.....oz.	4
	Bread.....oz.	4	Bread.....oz.	4	Vegetables.....oz.	6	Vegetables.....oz.	6
	Potatoes.....oz.	6	Potatoes.....oz.	6	Bread pudding.....oz.	6	Bread pudding.....oz.	6
	Other vegetables.....oz.	6	Other vegetables.....oz.	6				
Tea.	Tea.....pt.	1	Tea.....pt.	1	Tea.....pt.	1	Tea.....pt.	1
	Bread.....oz.	6	Bread.....oz.	6	Bread.....oz.	6	Bread.....oz.	6
	Butter.....oz.	$\frac{1}{2}$	Butter.....oz.	$\frac{1}{2}$	Butter.....oz.	$\frac{1}{2}$	Butter.....oz.	$\frac{1}{2}$
SATURDAY.			SATURDAY.			SATURDAY.		
Breakfast.	Coffee.....pt.	1	Dinner.	Beef soup.....pt.	1	Tea.	Tea.....pt.	1
	Bread.....oz.	6		" " meat.....oz.	8		Bread.....oz.	6
	Butter.....oz.	$\frac{1}{2}$		Bread.....oz.	4		Butter.....oz.	$\frac{1}{2}$
	Hominy, boiled.....oz.	2		Potatoes.....oz.	6			
	Molasses.....gill.	0.32		Other vegetables.....oz.	6			

CHICKEN DIET.				LOW DIET.			
Bkft.	Tea.....	pt.	1	Tea.....	pt.	1	
	Bread.....	oz.	6	Bread.....	oz.	6	
	Butter.....	oz.	$\frac{1}{2}$	Butter.....	oz.	$\frac{1}{2}$	
	Chicken.....	oz.	12	Beef-tea, or mutton or chicken broth.....	pt.	1	
Dinner.	Or chicken soup.....	pt.	1	Bread.....	oz.	4	
	Bread.....	oz.	6	Rice, farina, corn starch, or bread in pudding.....	oz.	2	
Tea.	Tea.....	pt.	1	Tea.....	pt.	1	
	Bread.....	oz.	6	Bread.....	oz.	6	
	Butter.....	oz.	$\frac{1}{2}$	Butter.....	oz.	$\frac{1}{2}$	
MILK DIET.				BEEF-TEA DIET.			
Bkft.	Milk.....	pt.	1	Tea.....	pt.	1	
	Bread.....	oz.	6	Bread.....	oz.	4	
Dinner.	Rice.....	oz.	2	Beef-tea.....	oz.	12	
	Milk.....	pt.	1	Bread.....	oz.	4	
	Bread.....	oz.	4				
	Sugar.....	oz.	1				
Tea.	Milk.....	pt.	1	Tea.....	pt.	1	
	Bread.....	oz.	4	Bread.....	oz.	4	

NOTE.—Medical officers who receive this diet table are directed to adopt it immediately in the hospitals under their charge, and to comply strictly and carefully with its provisions for thirty days, keeping during that time an accurate account of expenditures from the Hospital Fund. At the end of that time they will report the results of this experimental trial, its effects upon the sick and upon the Hospital Fund, and will make such suggestions as they may deem appropriate, the object being to test the practical operation of the diet table, before adopting it as the standard for the General Hospitals.

It is recommended that the diets be prepared according to receipts in the Steward's Manual.

Surgeon-General's Office, October 23, 1862.

WM. A. HAMMOND, Surgeon-General U.S.A.

**METHOD OF SUPPLYING ARMY SURGEONS.**—We are glad to see that the views expressed by the Medical Commission of Massachusetts, in their recent letter to the Surgeon-General, meet with approval elsewhere. The following letter, by E. P. Bennett, M.D., of Danbury, Conn., is addressed to the Editor of the *New York Medical Times*, and is copied from the issue of that work for December 13th.

"SIR,—I noticed in your issue of this week a notice of a letter from several surgeons of Boston, addressed to the Surgeon-General, in regard to the incompetency of many of the army surgeons. Now when we take into consideration the number of surgeons in the field, and the manner in which they have been appointed, it is not wonderful that such should be the case. As a general thing, the older surgeons have been broken down political hacks, who had no business at home, and therefore could carry with them no practical experience into the army. Then, again, a great proportion of the surgeons are young men. Many of this class are talented and well educated, theoretically, and, under the guidance of men of more mature years, will come to be ornaments to their profession. These young men, I know, would gladly avail themselves of the practical experience of older men. There is also a class of ignorant men, who gained their appointments by political influence, which neither time nor circumstances can alter for the better; they are not capable of improving by experience.

"The remedy suggested by the Bostonians is just the thing wanted, as I am satisfied by actual inspection of a number of hospitals. I have just returned from a visit to the hospitals at Frederick, where I spent three days in visiting the principal hospitals, and in social converse with the gentlemanly surgeons there congregated, and I am happy to say that I never spent three days more pleasantly. The hospital arrangements, so far as circumstances will permit, are excellent. They are generally well ventilated, admirably arranged, and perfectly neat and orderly in every respect. I was most happy to see that our brave soldiers were so well cared for and so kindly treated; also that the same kindness was extended to the Confederate soldiers



who were so fortunate as to fall into our hands. In this respect no distinction was made; friend and foe, side by side, equally well cared for. The surgeons there in charge impressed me most favorably, as able and judicious. Among the most able and experienced were Drs. Hewitt and Lewis, of Connecticut, and Dr. Mosely, then Medical Inspector for New York.

"But still I felt there was need of more men of age and experience, to do those very things pointed out by the Boston surgeons, with the exception that they should not be allowed to decide upon or designate the one to perform the operations. Such an arrangement, I am satisfied, would operate injuriously, as it would lead to favoritism, and would go far to discourage and dissatisfy the younger surgeons who go there for experience. Almost any one can amputate a limb, and, with a little advice, can do it well. Older men are required rather as consultants, and to give advice in regard to the medical treatment of the sick and wounded. The Surgeon-General, in reply, says: Very few first class surgeons have come forward, and he appears to be rather surprised that they have not. The reason, in my opinion, is plain. Men of age and experience are generally physically incapable of following a regiment and enduring the hardships of camp life; besides, they are generally in the enjoyment of a good practice, which they do not feel disposed to leave without a corresponding compensation. Then, again, this class of men have been long from the schools, and in regard to minute anatomy have forgotten much; but on the cadaver they will show you at once that they are at home in anatomy, so far as necessary for usefulness. These men do not like to go before a board of examiners, who have only good memories, and submit to an examination in minutiae which are of no practical importance, and which have escaped them. These men are well known to the profession by their contributions to the medical and surgical literature of the day, and are personally known to many of our ablest surgeons and professors. There are many such men of acknowledged ability as surgeons, who would be willing to serve their country if they could be appointed by giving the best of references, or certificates of qualification, but will never enter the service if they have to go through the red-tape process. In regular service, where young men alone are permitted to enter, this course would not do, but in the volunteer service great efficiency could be given to the medical corps in this way. A committee of men of world wide talent from each State could designate such men as would be suitable."

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THE SHEPPARD ASYLUM AT BALTIMORE, MD.—The following notice of a new lunatic asylum to be established at Baltimore, is from Dr. C. A. Lee's interesting European Correspondence, published in the *American Medical Times*. He had just visited an insane hospital at Clermont, in France, which he describes, and adds—

"I was accompanied in my visit, as I have also been to several other asylums, by Dr. Brown, of the Bloomingdale Insane Asylum, near New York, who is inspecting similar institutions in Europe, at the request of the Trustees of the Sheppard Asylum at Baltimore, Md. This institution was founded by the late Moses Sheppard, a wealthy merchant of the Society of Friends, who, several years before his death, conceived the project of testing the curability of unfa-

vorable cases of insanity, by a more liberal expenditure of money than the friends of most asylums would reasonably permit. To this end Mr. Sheppard, having no relatives, left his whole fortune, amounting to six hundred thousand dollars, to found and maintain an experimental institution for one hundred patients. After several years of careful consideration, the Trustees of the Sheppard Asylum have commenced the construction of their building, on a plan submitted by Dr. Brown, who now studies the organization and management of European asylums, to report whatever may serve to carry out the humane purposes of the benevolent founder of this unique institution. Dr. Brown, after having visited the most celebrated asylums in Great Britain, Holland, Germany, Switzerland, and France, expresses regret at having found, thus far, but inconsiderable rewards for the liberality of the Board he represents."

THE following order has just been sent out by the Surgeon-General. It is undoubtedly a wise one, so far as the regulating the number of beds to be placed in any hospital when originally organized goes. The difficulty is to keep the number of patients down to the standard proposed. We were recently at Fortress Monroe when this order was received at one of the large hospitals of that station. Measured by its requirements it was already greatly overcrowded; and yet the Medical Director did not hesitate to send in great numbers of patients sick with typhoid fever and measles from the ships of Gen. Banks's expedition lying in the roads, who filled the buildings to excess. The ventilation was generally good, owing to the special care of the officers, although the air space was, in many instances, hundreds of feet per man less than the prescribed quantity. Necessity knows no law.

"SURGEON-GENERAL'S OFFICE,  
WASHINGTON, November 24, 1862. }

"The Surgeon-General directs that the minimum allowance of cubic feet of space for patients in tents and military hospitals shall be as follows:

"1st. In all rooms ventilated by windows at the end or one side only, 1200 cubic feet per man.

"2d. In all hospitals constructed after plans approved by the Surgeon-General (pavilions with ridge ventilation), 600 cubic feet per man.

"3d. In all other buildings occupied as general hospitals, 800 cubic feet per man.

"The maximum number of patients allowed in a hospital tent shall be five in winter and eight in summer.

"By order of the Surgeon-General,  
JOSEPH R. SMITH, *Surgeon U.S.A.*"

EARLY MARRIAGES.—From the interesting figures which Mr. Hermann Merivale has collected concerning the population of France, we may draw some good illustrations of the importance of early marriages to the well-being of the individual and for the progressive strength of the nation. The rate of mortality in France has not increased since the beginning of this century; the number of marriages has not diminished, it has remained stationary. Nevertheless the population of France has remained stationary, while our own has enormously increased. The "prudential check" on births has operated through

later marriages, owing to the want of outlet for population by emigration. The result of this tendency to late marriages in France is, that the average fecundity of such unions is far below that in this country, and is steadily but slowly diminishing. Here the annual rate of fertility may be represented by 4.5. In France it has been, in 1822-31, 3.64; 1832-41, 3.41; 1842-51, 3.19; in 1855 it had fallen to 2.96; in 1856 it rose to 3.11. Nothing can bring out more clearly the unnatural and deteriorating influence of late marriages. Every physiologist and every physician knows that in proportion as advanced age operates to limit the number, so also does it affect the development and force of the children. The scanty offspring of late marriages will always, man for man, present a marked inferiority in physical qualities to the more numerous race springing from young and healthy parents. There are accessory conditions engendered by this state of society, this "prudential check" upon marriages, which increase the evil. The irregularities of unmarried youth too often taint the blood and sap the force of the procrastinating husband; the irregular unions which abound in France are as notoriously infertile as they are dangerous. In this country, modern habits of luxury threaten to have an operation only less dangerous because more limited than the "prudential check" arising in France from an absence of outlet by emigration. The figures which we quote afford striking illustrations of its dangers, and should give a fresh impulse to statesmen and moralists in combating the tendency to late marriages.—*Lancet*.

**TRACHEOTOMY TUBE DROPPED INTO THE LEFT BRONCHUS.**—At a recent meeting of the Medico-Chirurgical Society of Edinburgh, Mr. Spence mentioned the particulars of a rare accident which had come under his notice. A man had had tracheotomy performed several years ago by Mr. Edwards, and had since worn a double tube. Yesterday, while riding on horseback, the rim of the tube, which had been gradually wearing, gave way, and it fell, as the man expressed it, "into his chest." The man went at once to Mr. Edwards's house, but as that gentleman was from home, his assistant put in another tube and sent him to the hospital, where he came under Mr. Spence's care. When Mr. Spence saw the patient he was breathing quite freely, and the sounds on auscultation were very much the same on the two sides of the chest. A probe was in the first instance passed down into the right bronchus (into which it was generally said that foreign bodies fell) but nothing was felt; it was then passed into the left bronchus, and the tube was at once felt. An attempt was then made to extract the tube without enlarging the wound, but was unsuccessful. Chloroform was then administered, the opening was enlarged by cutting through two or three of the rings of the trachea, a pair of bent forceps was introduced, the tube was seized, drawn to the opening, and then extracted. Mr. Spence observed that so far as he knew this was the only case of the kind, but it should teach cutlers to make their tubes in two lateral halves and then join them together; for when, as at present, the shield was fastened to the tube, the soldering must in course of time give way.—*Edinburgh Medical Journal*.

**DIET IN THE BRITISH ARMY.**—Dr. Gibson, the Director-General of the Medical Department of the Army, has represented that the daily ration of meat allowed to the soldier is insufficient to enable him to support

the fatigue of duty, and recommends that the supply be increased from three quarters of a pound to a pound daily.—*Lancet*.

**FATTENING CATTLE ON COD-LIVER OIL.**—A farmer of Haubourain, France, has just tried the experiment of fattening cattle by the use of cod-liver oil. The trial was first made upon two calves, eight sheep and two pigs. The result surpassed all expectation. In ninety days they were all in prime condition, the flesh being perfectly white and of easy digestion. The quantity given was—to the pigs sixty-three grammes (two ounces) per day, to the sheep thirty-one grammes, and to the calves fifty grammes. For the calves the oil was mixed with bran and chopped straw, for the sheep with bruised beans, and for the pigs with their regular food.—*Living Age*.

**INEFFICIENT EXAMINATION OF RECRUITS.**—The following extract from a letter, purporting to be from a surgeon of one of the regiments which lately left this State, confirms the truth of the remarks which we have so often had occasion to repeat respecting the duties of examining surgeons:—

“Our greatest trouble is with men who should never have passed the examining surgeons of the towns, and if I had been able to inspect the regiment further, I would have thrown out twenty-five men. As it is I have made out some twenty certificates for disability. Among those passed were, one well known to have epileptic fits, five cases of hernia, three varicose legs, one chronic rheumatism, with knee joint spoiled, one deficient in intellect, one without a sound tooth, and one marked case of phthisis. I think the physicians who examined these men were more anxious to please their selectmen than to serve their country. The towns paid bounties to such specimens, and saved the obloquy (?) of a draft by sending such burdens into the field. It is amazing how many of our men were never stripped at the examination, which was very often by ‘word of mouth’ only.”

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, DECEMBER 13th, 1862.

##### DEATHS.

	Males.	Females	Total
Deaths during the week, . . . . .	47	33	80
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	33.3	33.2	66.5
Average corrected to increased population, . . . . .	..	..	72.7
Deaths of persons above 90, . . . . .	0	0	0

##### Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Varicella.	Dysentery.	Typ. Fev.	Diphtheria.
15	0	2	0	7	1	1	1	1

**RECEIVED.**—The Dentist's Memorandum: a Book of Engagements, and Manual of Ready Reference, for 1863. By C. H. Cleveland, M.D. Cincinnati: Bradley & Webb, Printers.

**DEATHS IN BOSTON** for the week ending Saturday noon, December 13th, 80. Males, 47—Females, 33. Accident, 3—anaemia, 1—apoplexy, 3—disease of the bowels, 1—inflammation of the bowels, 1—disease of the brain, 2—inflammation of the brain, 2—bronchitis, 2—cancer of the womb, 1—consumption, 15—convulsions, 1—croup, 2—debility, 1—delirium tremens, 1—diphtheria, 1—dropsy, 2—dropsy of the brain, 2—dysentery, 1—erysipelas, 2—fever, 1—typhoid fever, 1—typhus fever, 1—disease of the heart, 2—infantile disease, 1—intemperance, 1—disease of the liver, 1—congestion of the lungs, 1—inflammation of the lungs, 7—marasmus, 2—old age, 3—paralysis, 3—premature birth, 1—puerperal disease, 1—rheumatism, 1—sore throat, 1—smallpox, 1—tumor (of the abdomen), 1—unknown, 6.

Under 5 years of age, 24—between 5 and 20 years, 6—between 20 and 40 years, 18—between 40 and 60 years, 13—above 60 years, 15. Born in the United States, 62—Ireland, 20—other places, 3.

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N. B.—This is not the Concentrated Water which has been sold for some time past, but the Natural Water as taken from the spring.

Directions.—The Water should be taken daily, in such quantities as not to act on the bowels too much, and should be drunk regularly twice or three times per day, beginning with half a tumbler each time, and reducing if found to operate too much, so that the system may become impregnated with its medicinal virtues, being sure to effectually eradicate the disease it professes to cure, if persevered in.

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July 31.

Boston, July 1st, 1861.

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Dec. 24.—ly

## MEDICAL JOURNAL ADVERTISING SHEET.

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\* Dr. DOREMUS is now in Europe, but in case of his continued absence a competent substitute will be procured. D18-3m

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From *Pereira's Materia Medica*, Vol. II. 4Part II. page 2213.

"The experience of the profession at large appears now quite to have established the fact that *Cod-Liver Oil*, is one of the most efficacious of all remedies in arresting the progress of pulmonary phthisis; that it enables patients to struggle on longer against the inroads of the disease, and thus enables them sometimes to obtain cicatrization and contraction of cavities which otherwise must have produced speedy death." Dec. 13.

**DR. J. H. DIX** has removed to Boylston, corner of Tremont street, and attends exclusively to DISEASES OF THE EYE AND EAR. Dec. 24, 1887.

**CHAS. H. SPRING, M.D.**, has removed from No. 213 Washington st. to No. 7 Harrison Avenue. Special attention given to Diseases of the Spine. Office hours, 9 A. M. to 2 P. M. Jan. 9-1f

**DR. EDWARD JARVIS**, having returned from Europe, is again prepared to receive, at his house in Dorchester, and attend elsewhere, in consultation or otherwise, to patients who are suffering from nervous or mental disorders. Sept. 27-1f

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY  
SAMUEL L. ABBOT, M.D.

Whole No. 1817.] Thursday, Dec. 25, 1862. [Vol. LXVII. No. 21.

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COURSE OF 1863—Beginning Feb'y 26th, and continuing till the 1st of June.

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Brunswick, Me., Nov. 1862.  
Nov. 4—tL

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Dec. 4—tl.



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From *Pereira's Materia Medica*, Vol. II. Part II. page 2243.

"The experience of the profession at large appears now quite to have established the fact that *Cod-Liver Oil*, is one of the most efficacious of all remedies in arresting the progress of pulmonary phthisis; that it enables patients to struggle on longer against the incursions of the disease, and thus enables them sometimes to obtain cicatrization and contraction of cavities which otherwise must have produced speedy death." Dec. 13.

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J. V. P. QUACKENBUSH, Resr.  
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Compound Calomel, Plummer's,	3	" of Zinc,	1
" " "	1½	" of Iron,	1
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Carbonate of Manganese and Iron.		as soon as pulverized,	2
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Extract of Belladonna,	Proto-Iodide of Mercury,

Lupuline,	gr. ½	Extract Rad. Aconite,	gr. ½
Extract Nux Vomica,	½	Emetine,	½
Veratrine,	1-24	Iodide Mercury,	½
Sulphate of Morphine,	1-8	Valerianate Morphine,	1-8
Cerrosive Sublimate,	1-12	Acetate Morphine,	1-8
Nitrate of Silver,	½	Digitaline,	1-24
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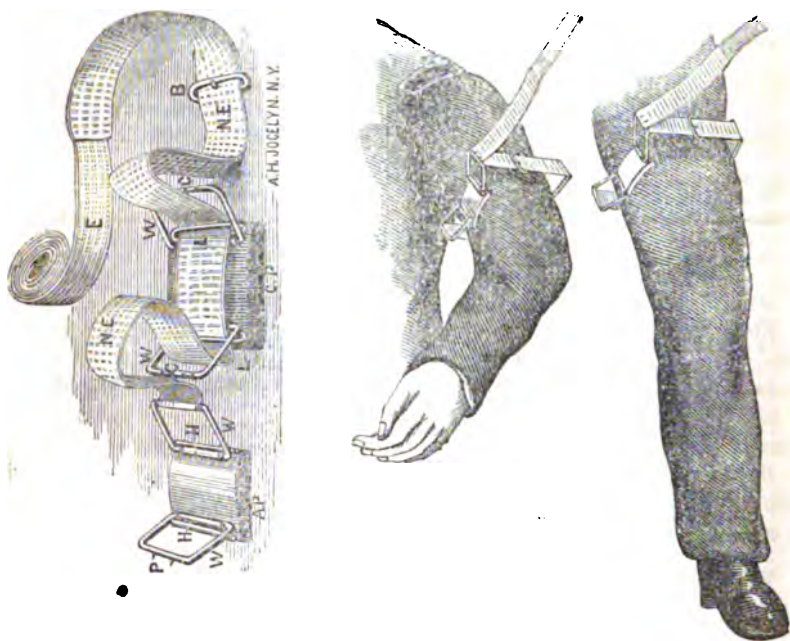
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Sept. 4—17.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. LXVII.

THURSDAY, DECEMBER 25, 1862.

No. 21.

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THE WEAK-SIGHT OPHTHALMOSCOPE.

[Communicated for the Boston Medical and Surgical Journal.]

MR. EDITOR,—The following note, appended to the word "Augenspiegel" (ophthalmoscope) on the first page of Jäger's recent work,\* gives some account of the method of examining in which weak light and the upright image are used, and refers to the importance of this method. It has already been translated into the *Annales d'Oculistique* for July and August, 1862, and seems well worth an English rendering also. Perhaps you can give it a place in your JOURNAL, and oblige

Yours, &c. H.

I have already published, several years ago, in the *Oesterreichische Zeitschrift für praktische Heilkunde* (No. 10, 7th March, 1856), some particulars on the employment of the ophthalmoscope as an optometer. For those who may not have this paper, I take the liberty of repeating the following.

The best method of determining with the ophthalmoscope the state of the dioptric apparatus of an eye, is to observe the fundus in its virtual, upright picture by means of a mirror with strong light (concave mirror of seven inches focal distance), or, best, with weak light (mirror of Helmholtz).

The inverted, real picture does not present equally favorable circumstances and reliable tests for judging, and can, consequently, be made useful only in certain cases; for instance, when the observing or observed eye is short-sighted to a very great degree, when there are in the media diffused opacities of such intensity that they prevent a clear view of the fundus in virtual image, but allow it still in the real image, &c. To acquire the necessary expertness in using the ophthalmoscope for this purpose, one should examine normally constructed, sound eyes, accommodated for their far-point, and notice accurately the appearance of the picture and the circumstances of the observation. Especially observe the enlargement in

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\* Ueber die Einstellungen des dioptrischen Apparatus im menschlichen Auge. Wien. 1861.  
On the States of the Refractive Apparatus in the Human Eye. Vienna. 1861.

which the picture appears, the diameter of the field of vision absolutely and relatively to the size of the pupil of the eye under observation. Observe the intensity of light and color, the sharpness of outline of the different parts; estimate the distance at which the picture appears to be; consider the refractive state of your own eye, and the kind and focal distance of the corrective glass, with the aid of which the largest distinct picture of the fundus is seen; measure, finally, the distance at which the examination can be performed easiest and for the longest time.

In judging of the above circumstances, there is no one standard for all observers. Nearly every one will designate and estimate differently from others the magnitude, color, intensity of light, the distance, &c., of one and the same picture. If, however, each observer has considered accurately and remembers the circumstances when the observed eye is in a given refractive state, all will recognize with equal certainty any deviation from this state, and, if the deviations increase in a given ratio, will be able to estimate similarly the degree of increase.

Notwithstanding the original difference in judging of the picture which is to be taken as the normal one, and notwithstanding the difference of the standard by which each observer estimates any deviation, similar deviations will be similarly estimated and a like judgment can be obtained upon the refractive state of a given eye.

We take, as the standard of comparison, the picture from a normally constructed eye when accommodated for its far-point, that is, for rays nearly parallel, and estimate the deviations of other eyes likewise when they are in accommodation for their far-point, since this state is generally easiest and surest to obtain, and if necessary can be compelled by mydriatics, and likewise is generally found in all eyes whose function is very much disturbed.

If by repeated observations we have become familiar with this normal picture, and then examine a short-sighted eye, the field of vision appears smaller, and the picture, in proportion to the degree of near-sightedness, nearer. The picture presents less intensity of light and color, but is more magnified and its outlines stand out less striking. The size of the pupil remaining the same, the whole of the papilla nervi optici is no longer seen at once, as it generally is when the eye is of normal construction and the pupil moderately wide.

We are, moreover, forced, in order to obtain a clear picture of the fundus, in proportion to the degree of near-sightedness, to use stronger concave glasses and to get nearer to the patient.

On the other hand, when the eye is hypermetropic, the field of vision is obviously extended, the picture appears much farther off, its intensity of light and color is considerably stronger, and its size remarkably diminished, while the several parts gain in sharpness of outline and the whole picture gains in expression.

In cases of very great hypermetropia, we see all around the papilla to an extent equal or greater than that of the papilla itself, so

that the picture in extent appears quite similar to the real, inverted picture of an eye with the convex glass before it.

Equally remarkable is the difference in the choice of the corrective glass. If the observer is accustomed to see the picture of a normally constructed eye without the assistance of a glass, he needs, in the case of a hypermetropic eye, a correspondingly strong, convex, corrective glass (between the ophthalmoscope and the observer), or must supply its place by arranging his eye for the near (for diverging rays).

Finally, the distance between the observer and patient during the examination is greater, often very considerable.

The above specified differences between the picture of the fundus of a short-sighted or of a hypermetropic eye and that of an eye of normal construction, stand out, proportionally to the amount of short-sightedness or of hypermetropia, more decided, and therefore clearer and more striking. Consequently, with some practice, it is not at all difficult to perceive them and to use them with certainty.

One can, on the average, attain such exactness in determining in this way the dioptric state of a given eye, that in basing the selection of a pair of spectacles on such determination, there will result at the most only an error of one or two numbers, it being generally the case that such different numbers can be used.

To acquire this expertness, it is especially necessary not only to learn the condition of one's own eye, but also to become accustomed to recognize one's own state of accommodation from the kind and degree of effort attending it (without directly measuring the distance of the point accommodated for).

The observer should, moreover, in examining with the upright picture, accustom himself generally to call upon his power of accommodation as little as possible, and always observe the fundus through the weakest corrective glass which can be used in the given case. He should accordingly endeavor to observe eyes of similar character in the same manner and with the same corrective glass.

On the observer's side, a normally constructed eye is best adapted for these examinations; yet differently constructed ones, especially slightly near-sighted eyes, can attain equal expertness and certainty in judging. As previously remarked, there would only be a difference in the standard with which the other pictures are compared and in the use of the corrective glasses in each case.

Thus we obtain in the ophthalmoscope a very important means of recognizing the refractive state of an eye, and sufficiently for all practical purposes, if the fundus can only be seen. Independent of the natural ability and education of the patient, of his good or bad intentions, of the degree of functional ability of the organ, as well as of the age of the patient, and so in the case of the infant or of the aged, of an eye which sees or which is blind, the physician bases his judgment on objective appearances alone.

Every physician, especially in the army or in court, in all cases in

which the patient, for whatever cause, is unable to give a definite account, or if the latter cannot be considered decisive, will only too frequently have occasion to recognize how valuable is such a determination, not dependent on the statement of the patient.

So exact an insight into the dioptric state of an eye, with such certainty and general applicability, is not to be obtained by any other method hitherto known; but yet the employment of the ophthalmoscope for this purpose has not hitherto been sufficiently regarded.

The chief cause of this is probably, as it seems to me, the circumstance that it is so often the case that the examination of the picture in inverted image is preferred, and almost alone practised.

The advantages of the inverted picture, its intensity of light and color, the favorable relation of the degree of enlargement to the diameter of the field of vision, whereby it is possible to see a larger portion of the fundus at once, &c., are repeatedly overestimated, and the advantages of the upright image, especially with weak light, disregarded; the latter method has been considered more difficult, less efficient, and consequently not necessary and even superfluous, and in some quarters its use is looked upon as the sign of partiality and whim. Some observers content themselves with the advantages of the one method in making the diagnosis, and give up those of the other, though often with considerable loss to themselves. I use constantly both methods, and seek to make the most of the peculiar advantages of each in appropriate cases; just as in general I endeavor to neglect no means that seem to promote the certainty and accuracy of the diagnosis. It seems to me, therefore, that while not disregarding the advantages of the one method, I may also be permitted to affirm the excellencies of the other; and even, after much experience, that it is obligatory to refer to them.

The examination in the upright picture, especially with the weak-light mirror, is practicable in the great majority of cases without dilating the pupil. This is an advantage of no slight practical value, inasmuch as the artificial dilatation, so frequently necessary for examination in the inverted picture, causes, if some power of vision still remains, trouble and alarm to the patient, owing to his accommodation being interfered with and to the glare of light—and also, inasmuch as herewith various reflections and imputations are unnecessarily occasioned against the physician, especially if the course and termination of the disease are not perfectly favorable.

The amount of light necessary for the real (inverted) picture is to some eyes troublesome, even injurious, and owing to the restlessness thereby occasioned in the patient, serves often to render the examination more difficult, and even to prevent it.

Although in general the repeated and protracted use of a strong-light mirror in the case of one and the same eye occasions no injurious consequences, yet there are cases in which this is by no means a matter of indifference, and I have seen several times, particularly

in cases of inflammatory retinal affection, a remarkable aggravation of the symptoms, and even blindness set in, during or immediately after the examination.

The weak-light mirror (with the plane glasses of Helmholtz) gives in most cases a picture quite bright enough for the most accurate diagnosis. It is of the greatest value for the recognition of anomalies in the transmission of the rays through the transparent media, and of slight or diffused opacities in the media and fundus, and is often the only means of this recognition. It is almost the only means of recognizing, with sufficient certainty, slight differences of color and weak tints in the fundus, and especially on the optic nerve.

The great amount of enlargement in the upright picture, with the small degree of spherical aberration and the nearness of the picture, are, as regards the discernment of the size and situation of parts of the picture, the recognition of details, and frequently for the diagnosis, of equal value to the magnifying power of a microscope. A still greater degree of magnifying power in the ophthalmoscope, as well as the microscope, would indeed often be desirable; but why should we fail to prize that already obtained of fourteen diameters in comparison with that of from two to five diameters in the inverted image, and give up its advantages for the diagnosis.

Although in many cases the examination in the inverted picture is sufficient, and often the only one possible, yet in others the upright picture is altogether more advantageous, and frequently the only decisive one. The real (inverted) picture affords a quick survey of the whole, and a rapid view of the striking appearances; but only the upright in connection with it renders possible and allows a more exact study, a more complete and reliable diagnosis.

It is owing to this that in the construction of my ophthalmoscope which I have hitherto used (made by Kraft, in Vienna), I was careful above all to provide for the examination with weak light as well as strong, in the upright as in the inverted picture, although hereby the size and price of the instrument were increased.

Finally, as to the attainment of sufficient dexterity in examining in the upright and inverted pictures, the former method presents no greater difficulties than the latter; on the contrary, for those who have never used an ophthalmoscope it is more frequently the case that the fundus is easier to be seen in the upright picture, and this picture clearer and easier to be understood. \* \* \* \* \*

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#### ON THE CO-EXISTENCE OF TUBERCLE AND CANCER.

BY D. RUTHERFORD HALDANE, M.D., PATHOLOGIST TO THE ROYAL INFIRMARY OF EDINBURGH.

WHETHER or not cancer and tubercle can co-exist in the same organism, is a question which has been frequently discussed, but which can scarcely be said to have been satisfactorily solved.

Some pathologists, perhaps the majority, have maintained that the two diseases are mutually exclusive, that they depend upon different or opposite constitutional conditions, and that the existence of one indicates the impossibility of the simultaneous presence of the other. Others, again, have not considered cancer and tubercle as of so decidedly specific a character; and, while allowing that the two are seldom associated, are quite prepared to meet with cases where they shall be found to co-exist. It is not my object to endeavor to solve this question in an absolute manner; but a case which lately came under my notice has led me to bring together a few general remarks on the subject.

In speaking of the possibility of the co-existence of tubercle and cancer, it must of course be premised that the only cases to be referred to are those in which both diseases are in an active condition, for that one may succeed the other is perfectly well known, and universally acknowledged. The order of succession is not, however, indifferent, for, in the great majority of cases, tubercle is the original, cancer the secondary disease. This mode of sequence probably depends upon the circumstance that tubercle is generally a disease of early, cancer of mature or advanced, life. In no small proportion of cases where cancer has been the cause of death, cretaceous concretions, or tubercle in a retrogressive or stationary condition, may be found in the upper part of the lungs. These cases, however, are not available in assisting us to answer the question proposed, for it is quite intelligible that the tubercular diathesis may have been recovered from, and that, therefore, there was no impediment to the development of the cancerous.

*A priori* considerations would certainly lead us to believe that the presence of the one morbid condition is incompatible with the simultaneous existence of the other. Neither tubercle nor cancer can be looked upon as a mere local condition; for even granting that either may be in the first instance generated by external causes, it cannot be denied that when the dyscrasia has been once established, the manifestations in the two conditions are of a different character. Our views on this subject, however, must be regulated by the opinions we entertain as to the mode of origin of new growths—a question which lies at the very foundation of pathology.

The doctrine which, till lately, was universally accepted, was this: owing to certain causes, known or unknown, an exudation from the bloodvessels takes place; in healthy persons, the matter poured out assumes more or less of the characters of the tissue in which it is effused, becomes converted into connective tissue, or degenerates into pus; while, if the system be under the influence of the tubercular or cancerous cachexia, the effused material is converted, under the influence of the constitutional condition, into tubercle or cancer, as the case may be. Granting this view to be correct, it seems impossible that cancer and tubercle could co-exist,



for we cannot well imagine that the system could be under the influence of two such different dyscrasiæ at the same time. Arguments, however, are not wanting to show that such a mode of viewing the subject is erroneous. Did new formations take place in the manner alluded to, every exudation in a tubercular individual would necessarily be tubercular; but every-day experience testifies to the contrary. Pleurisy, in a patient suffering from phthisis, is not necessarily or even generally tubercular; connective tissue is organized, and adhesions are formed in precisely the same manner as in an individual in whom there is no constitutional taint. It is indeed said, that as the blood is continually undergoing changes, an exudation at one time may be very different from what it was at another; and that even when the constitution is thoroughly cancerous or tubercular, simple exudations may be poured into tissues as the result of recent wounds or injuries.\* This, however, would not explain another circumstance which is frequently met with. In cases of tubercular pleurisy, pericarditis, or peritonitis, the organized exudation will generally be found to consist of two parts, one portion being manifestly composed of tubercle, the other of ordinary, or what we may call healthy, connective tissue. Here the matters forming the new structures must, according to the exudation theory, have been poured forth from the same blood-vessels, into the same tissues, at the same time, and under the same constitutional circumstances, and it is inconceivable that if differences in the product depended exclusively upon differences in the inherent composition of the exudation, two such different materials could have been contemporaneously developed.

Another argument to the same effect is derived from what is seen in cases of constitutional syphilis. The system is here under the influence of a peculiar dyscrasia, which manifests itself by deposits or exudations of a particular kind, and by influencing in a peculiar manner certain of the vital processes. On the hypothesis we are now considering, any healthy action should under these circumstances be impossible, every exudation should bear the special syphilitic stamp. This, however, we know not to be the case; wounds may heal, and fractures unite, as rapidly and as soundly in the syphilitic as in the healthy.

The other doctrine as to the genesis of new formations, has been most clearly enunciated by Virchow. Its supporters maintain that an exudation is not poured out directly from the bloodvessels, but that every new growth takes its origin from the tissues themselves. Cells can no more arise in situations where no cells previously existed, than new organisms can be produced by spontaneous generation. It can scarcely be doubted that in the physiological renovation of tissues the principle of *continuous development* holds good; and the best investigations go to prove that pathological

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\* Bennett's Principles and Practice of Medicine, 3d Edition, p. 161.

formations obey the same law. There is now an overwhelming mass of evidence with regard to the origin of pus; and the evidence is scarcely less strong in the case of tubercle and cancer. Why the new tissue should assume a peculiar form, we do not know. We know that when all is going on normally, the process of decay is exactly balanced by the process of repair; although the elements of the tissues are constantly undergoing change, this change takes place so silently, and so continuously, that the parts appear to remain always the same. But now, let an irritant be applied to the tissue where everything was going on so smoothly. A tumultuous process is immediately set up; there is rapid destruction of tissues, but equally rapid repair; as Mr. Simon has well expressed it, "*the appreciability of the opposed results* is in itself a differential mark of inflammation."\* The results even in the most healthy inflammations are, however, far inferior to the reproduction of tissue which goes on in health. The type of inflammatory products is invariably low; the higher tissues, such as nerve or muscle, skin or cartilage, are incapable of being thus produced. Now it is perfectly conceivable that the nature of the irritant may determine the character of the future product. Of this principle we have already some undoubted examples. The bite of a poisonous snake occasions an inflammation which runs on rapidly to gangrene. The irritation of a short hot pipe is believed to lead to epithelioma of the lip; while the frequent contact of soot leads to a similar affection of the scrotum. It is probable that this principle has wider applications than we are yet aware of, and that special forms of disease are often to be explained by something special in their causation.

No doubt there is a difference in the character of the tissues themselves which explains their greater or less liability to particular forms of disease. The tissues of the soundest and healthiest individual are susceptible of inflammation, but it is questionable whether the same can be said with regard to tubercle. It is doubtful whether the ordinary causes of tubercle, such as insufficient food and clothing, damp, cold, impure air, and deficiency of light, can develop the disease in a sound constitution, without the slightest hereditary taint. Virchow, indeed, believes that every dyscrasia has a local origin; in other words, that there is first a local disease, that it is the cause of the poisoning of the blood, and that when the poisoning has once taken place, various secondary phenomena, manifestations of the now established dyscrasia, show themselves. He denies that certain changes can persist in the blood considered as an independent fluid, but maintains that, for the keeping up of a permanently morbid condition, there must be a permanent supply of noxious material from other sources. In pyæmia, for instance, the constitution of the blood is generally altered in two ways: there is the presence in it of small masses of fibrine derived from

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\* Holmes's System of Surgery, vol. I., p. 6.

the disintegration of thrombi, and giving rise by embolism to metastatic deposits; and there is absorption of putrid juices, causing unhealthy and gangrenous inflammation. It cannot be questioned that there is much truth in this doctrine, and it is possible that future researches may show that it is of general application; but in the present state of our knowledge this cannot be said of it, for there are various constitutional conditions for which we have hitherto been unable to discover a local origin. This is especially true with regard to tubercle, for very often, before there is the slightest manifestation of local disease, a peculiar condition is established, which physicians have designated as the pretubercular stage of phthisis. The same is probably true with regard to cancer, though to a less extent, as the disease is less strikingly hereditary, and the early stage of the diathesis is less strongly marked. But although there be an early stage of constitutional affection previous to the development of the local disease, it does not follow that the first stage is to be considered as special—that is to say, as the manifestation of a specific dyscrasia. It may, in fact, be nothing more than a condition of generally impaired nutrition and constitutional weakness (which may or may not be hereditary), which makes the individual more susceptible to the exciting causes of the particular disease.

One who holds, though even in a somewhat modified form, the views of Virchow, has much less difficulty in acknowledging the possibility of the co-existence of tubercle and cancer, than one who clings to the exudation theory. I fully believe that both tubercle and cancer are to a certain or even to a great extent constitutional, and that the constitutional conditions connected with them are of a different character; still I have no difficulty in believing that the two morbid conditions may occasionally co-exist. It is, however, only by an appeal to facts that a question of this kind can be decided, for no pathological laws are as yet sufficiently established to enable us to refer to them for a solution of such problems. So far as my own experience goes, I have never met with a case where I was satisfied that cancer and tubercle co-existed in an active form. Such cases have undoubtedly been recorded, and some unquestionably may have been instances of the kind; but I am satisfied that not unfrequently the observers were mistaken; in some the characters of the morbid products having been misunderstood, in others the tubercle having certainly been in a state of obsolescence. In illustration of the fallacies to be guarded against, I subjoin a case in which a mistake might readily enough have been committed.

Mary L., aged 40, was admitted, on account of cough and debility, into the Royal Infirmary, under the care of Dr. Gairdner, on the 22d of April, 1862. She stated that, though not robust, her health had been generally good, but that since the birth of her youngest child (four weeks before admission) she had suffered from cough, accompanied with febrile symptoms. She stated that she had never had hæmoptysis, and had never suffered from pain in the chest.

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When admitted she was in a feverish condition, the skin was hot, the tongue dry and cracked. There was much cough, with scanty muco-purulent expectoration. On physical examination, there was no dulness on percussion, but the auscultatory signs of bronchitis were present, chiefly on the right side of the chest. About ten days after admission, percussion was found to be markedly dull over the right side. The following was her state on the 3d of May:—

Countenance pallid, no lividity, no flush. Voice broken and hoarse. Respirations, 36. No very marked dyspnoea; lies equally well on either side, or on the back, the latter being her usual position. When closely interrogated, could hardly be brought to admit any pain during the course of her complaint; but after leading questions, referred to the right side as the seat of a little uneasiness. Percussion quite dull over the right side of the chest from above the clavicle to the level of the nipple. Little respiratory sound in front, except above the clavicle, and there chiefly tubular. Sputum muco-purulent; mucus and pus about equally mixed; pus in flakes, not decidedly globular.

On the 2d of June her condition was the following:—

Patient has occasionally tried to get up of her own accord, but has generally been obliged to lie down again soon. Is now very feeble and pallid; there is scarcely any flush whatever; febrile symptoms much less distinct than formerly. Tongue almost perfectly natural, but retaining marks of former cracking. Has still no complaint of pain; chief cause of suffering is cough, which is fully more severe than ever. The dulness on percussion over the right front is diminished, being replaced in part by tympanitic or dull tympanitic resonance. Auscultatory signs, pretty distinctly those of progressive excavation of right front. Expectoration has been increased in quantity, and has become more and more purulent, but is still frothy, and not distinctly globular in character. Last night, for the first time, the sputa were tinged with a little blood. Has had very little diarrhoea.

She became gradually weaker, and died on the 10th of June.

The opinion entertained of the patient's case during her life was that she was suffering from acute phthisis, causing rapid breaking down of the substance of the right lung. The following were the appearances found on dissection:—

Surface of the body very pale; abdomen wrinkled.

On proceeding to remove the right lung, firm pleuritic adhesions were found over the upper two thirds of the organ; in separating these, a very superficial cavity in the anterior part of the lung was opened into. The upper and middle lobes of the right lung were found occupied by numerous communicating cavities exactly resembling such as result from the breaking down of tubercular matter. The walls of the cavities were irregular, coated with a soft yellowish matter, and in many places were crossed by fibrous

cords, the remains of obliterated, or nearly obliterated, blood-vessels. In the pulmonary tissue between the cavities were numerous small, opaque, yellow masses. The lower lobe of the lung was in a condition of solid œdema, but contained no deposit. In removing the lung, its root was found to be much thickened by a deposit which surrounded and separated the normal structures. This infiltrated matter was of a pinkish white color, slightly translucent in appearance, of softish consistence, and presented all the physical characters of cancer; on scraping it, an abundant creamy juice, readily miscible with water, exuded. The growth was found to consist of degenerated bronchial glands, which started from the bifurcation of the trachea and followed the root of the right lung; it extended for about half an inch into the substance of the lung, and there ceased abruptly. The normal structures forming the root of the lung were much compressed; the bronchus was converted into little more than a slit, and the pulmonary artery and veins were much diminished in calibre.

The left lung was perfectly healthy, containing no trace of abnormal deposit: the bronchial glands at the root of this lung were also natural.

The liver was healthy. The kidneys were of normal size; in each were several small rounded masses, about the size of pepper-corns, of pinkish color and rather soft consistence. Other organs natural.

On *microscopic examination* of the creamy juice squeezed from the matter in the root of the right lung, it was found to contain an enormous number of naked nuclei, about  $\frac{20}{100}$  to  $\frac{15}{100}$  of an inch in diameter; there was a comparatively small number of rounded or oval cells, pale, but tolerably distinct, and each containing a nucleus similar to those floating loose; finally, there were a few compound granular corpuscles, and some granular matter. On the addition of acetic acid the cells became still paler; the nuclei, on the other hand, were rendered more distinct, but appeared somewhat diminished in size. On examining some of the soft yellow matter from the right lung, which to the naked eye bore a strong resemblance to tubercle, no distinct cells or nuclei could be seen; it appeared to consist entirely of broken down matter, mostly granular, but in some places having a tendency to obscure fibrillation, with some compound granular corpuscles. The structure of the nodules in the kidneys was found to be precisely similar to that of the degenerated bronchial glands in the root of the right lung.

It must be allowed that this case was in some respects a very deceptive one. Without speaking of the symptoms, the appearances presented on dissection were at first precisely such as are found in tubercular disorganization of the lung—adhesions of the pleura, a large cavity broken into during removal, the walls of which were lined with a soft cheesy matter and crossed by obliterated blood-vessels, seemed to leave little doubt as to the nature of the case. But when the root of the lung came under observation, its condi-

tion was evidently due to cancerous affection, beginning in the glands, and extending into the substance of the lung. Was this, then, a specimen of conjoined cancer and tubercle? I think not. The microscope showed distinctly the cancerous nature of the glandular disease, but threw no more than a negative light upon the condition of the lung. It must, however, be borne in mind that the histological characters of tubercular deposits are frequently ill-defined, particularly where considerable disintegration has taken place. Accordingly, as the absence of the so-called tubercle-corpuscles could not be considered sufficient evidence of the non-tubercular character of the deposit, its nature had to be decided upon from other considerations. And here a point of great importance was the absolute limitation of the deposit to a portion of one lung. We not uncommonly find one lung in an advanced state of tubercular disease, while the other is comparatively unaffected, but it would, so far as I know, be unprecedented, to have *absolute* freedom from disease in one lung, while the other was in the condition observed in this instance. Under these circumstances, and as there was no trace of tubercle either in the lymphatic glands or in the intestinal mucous membrane, I had no hesitation in coming to the conclusion that the affection of the lung was non-tubercular. If not tubercular, what then was it? The idea of cancer naturally suggests itself; but this too, I think, must be negatived. In a pretty extensive experience of cancer of the lung, I have never seen it produce destruction of the character met with in this case. Cancer is generally found in the lung in the condition of nodules or of infiltrated masses; in but few cases is softening found to have taken place, and when met with, it has been rather the result of a process of sloughing than of a comparatively slow and gradual disintegration; softening of cancer, when it does occur, takes place too rapidly to allow the neighboring bloodvessels to be sealed up. The microscopic appearances were also opposed to the identity of the deposits in the root of the lung and in its substance. Had the growth in the lung been cancerous we should undoubtedly have found cells, or more probably free nuclei, to testify to what had been the original character of the lesion.

On the whole, I came to the conclusion that the disease in the lung was the result of a low form of inflammation, determining the presence of a fibrinous material which subsequently underwent disintegration. It is now generally recognized by pathologists that all cases of so-called pulmonary phthisis do not result from tubercle, but that some are occasioned by a low grade of the inflammatory process. I believe that this was the case here, and that the pressure upon the important parts in the root of the lung was the determining cause of the lesion. I have more than once seen cases where the pressure of an aneurism on the root of a lung has been connected with very similar appearances, and where the entire absence of tubercle from other organs rendered it highly improbable that the deposit was specific.—*Edinburgh Med. Journal.*

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL  
IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

Nov. 23d.—*Gun-shot Injury of the Head, involving the Brain.*—Dr. JEFFRIES WYMAN showed the specimen, and read the following account of the case, which was communicated by Dr. Francis H. Brown, of Cambridge.

G. G., 16th Mass. Vols., was wounded Aug. 30th, at Bull Run, and admitted to the Judiciary Square Hospital, Washington, during the night following. On examination, he was found to have a stellate wound immediately over the centre of and half an inch above the right supra-orbital ridge; behind this, a perforation of the frontal bone, with cleanly cut edges. By such amount of probing as seemed justifiable, no ball could be felt.

On entrance, he was perfectly conscious; his conversation and motions did not differ from those of the patients around him. He considered himself not seriously injured, and insisted that no ball had entered his head. His appetite was good, and all the functions were carried on normally. Got a cold-water dressing. For two days he was about the wards a part of the time, and was able to help himself; had no pain; the most of the time, however, he was in bed, resting on his back.

Sept. 3d.—Was found in the morning in a comatose condition, lying on his back—evidently without suffering; in no way sensible to stimuli; pupils natural; respiration normal. No apparent change in wound.

4th.—Coma more marked; otherwise as yesterday. Still on his back.

5th.—Died at 6.15, A.M. Comatose to the last.

The autopsy was made, and the specimen prepared, by B. G. Wilder, Medical Cadet U.S.A. The ball entered the anterior lobe of the brain at a point corresponding to the perforation of the skull, carrying with it fragments of the frontal bone, and traversed the substance of the brain obliquely to the anterior cornu; the tract of the ball then changed its direction, and passed, parallel to the median line, within the cavity and along the whole length of the lateral ventricle; at the posterior cornu the ball passed out of the ventricle, and, on removing the brain from the skull, dropped from a small cavity in the posterior surface of the hemisphere. At the point of entrance was an abscess the size of a walnut. The parietes of the ventricle were considerably abraded, and these, and the substance of the brain along the tract of the ball, were infiltrated with pus. A small amount of pus was found in the left ventricle.

The position of the ball at any one time could not, of course, be determined; but the appearance of the brain, joined with the history of the case, would indicate that the ball, at the time of the wound, entered the brain as far as the anterior cornu, the bits of bone and *débris* causing the abscess near the surface; that then, as the patient was lying on his back, the ball yielded to gravity, sloughed through the parietes of the ventricle, passed along its cavity, again sloughed through the parietes, and was found as before reported.

Nov. 23d.—*Perforating Ulcer of the Stomach.*—Dr. F. E. OLIVER reported the following case.

" Mary B., aged 48, single, housekeeper, was seized, while at the breakfast table, on the morning of Nov. 10th, with severe pain in the precordial region, which rapidly increased. She was immediately seen by Dr. Cullis, who administered some preparation of camphor and digitalis, and applied hot fomentations over the region of the heart; the latter not being well borne, seeming to aggravate the pain, cold applications were substituted, from which, with the remedies administered, the patient seemed to obtain slight temporary relief.

" At 12 o'clock I saw her, when Dr. C. very courteously gave the patient into my charge. She was at this time in a sitting posture, with the head bent over and resting on a table, groaning with pain, which she referred to the region of the heart, and which extended down the left arm. Complexion was pallid. Pulse 76. Respiration somewhat labored. The bowels had been moved slightly in the morning, but the patient had been somewhat constipated for some days. There was some thirst. On examination of the heart, a slight but distinct murmur was audible, accompanying the first sound, and an occasional intermission was noticed in the pulse.

" Little could be gained as to the patient's previous history, excepting that her general health had been for the most part good. From the fact, however, that she had occasionally been known to take capsicum, it may be supposed that she at times experienced some unpleasant feeling at the stomach. She stated that she had once before had an attack similar to this, and that her mother had died of disease of the heart. From all the symptoms and circumstances attendant upon the case, it was at first inferred that it might be some neuralgic affection of the heart; but as the pain soon after rapidly extended downward, and became general over the region of the abdomen, accompanied with exquisite tenderness, and the pulse was now observed to increase in frequency, it became evident that the trouble was of a far different nature. She was unable to bear the slightest pressure upon the abdominal walls, and fluids taken to quench her constant thirst were immediately rejected; much wind was also constantly ejected from the stomach. Peritonitis, from some cause, was the inevitable diagnosis.

" From the first, opiates were given, and warm fomentations applied over the abdomen, which seemed to give partial relief, but she was unable to lie down at any time. Dr. Coale saw her, in consultation, at 5 o'clock. At this time the pulse was 126, and there was tympanites. At 7, the pulse was almost imperceptible, face bathed in perspiration, breathing rapid, and the patient near her end. She at this time made several ineffectual attempts to evacuate the bowels. She died at 10½, P.M., fourteen hours after seizure, her mind remaining perfectly clear until twenty minutes before death.

" From the suddenness of the attack, perforation of some portion of the intestinal tract suggested itself as the probable cause of the foregoing symptoms.

" A *post-mortem* examination was made by Dr. Coale and Mr. Marcy, Nov. 12, at 9½, A.M., thirty-five hours after death. The only marked appearance of the body exteriorly was fulness of the abdominal walls. On opening this cavity, the small intestines were noticed to be pretty generally injected, and floating in about three and a half pints of what appeared like purulent serum. On following up the intestinal tube, no lesion was found until the stomach was reached, where a circular opening discovered itself in its anterior walls, and about mid-



way between the two extremities of this organ, from which the same purulent-looking matter as that before mentioned was still issuing. The peritoneal membrane of the diaphragm was also much inflamed, which might probably account for the character and seat of the pain in the early stage of the attack. The pericardium contained from one half to an ounce of bloody serum. The heart was enlarged and softened, the right auricle quite thin, and the wall of the left ventricle thickened. The mitral valve presented a slight thickening. The lungs were sound."

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON: THURSDAY, DECEMBER 25, 1862.

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We print below Dr. Letterman's Circular to the different army corps, containing the new medical supply table. This is regarded by experienced army surgeons as a great improvement on the old table, which was much too cumbersome for an active campaign. Heretofore large quantities of medical stores have been necessarily left behind and sacrificed for want of means of transportation. The new medicine chests, as well as the new hospital knapsacks, are said to be a great improvement on those in use in our army up to the present time. As we have not seen either of these or read any detailed description of them, we are unable to say whether they compare favorably with those used by other armies. The French ambulance knapsack, described in our last, is so admirable a contrivance that we hope it may have been copied in the one adopted for our army.

CIRCULAR.]

{ MEDICAL DIRECTOR'S OFFICE, ARMY OF THE  
POTOMAC, OCTOBER 4, 1862.

### MEDICAL SUPPLY TABLE FOR THE ARMY OF THE POTOMAC.

#### FOR FIELD SERVICE.

Experience has shown that the Medical Supply authorized by the Regulations for a Regiment for three months is too cumbersome for active operations, instances being frequent where the whole supply has been left on the roadside.

Hereafter, in the Army of the Potomac, the following supplies will be allowed to a Brigade for one month, *for active field service*, viz. :—

One Hospital Wagon, filled.

One Medicine Chest for each Regiment, filled.

One Hospital Knapsack for each Regimental Medical Officer, filled.

The supplies in the list marked (a)\* to be transported in a four-horse wagon.

The Surgeon in charge of each Brigade will require and receipt for all these supplies, including those in the Hospital Wagon, and will issue to the senior Surgeon of each Regiment the Medicine Chests and Knapsacks, taking receipts

\* Except the following articles, which will be carried in the ambulances, in the box under the driver's seat.

ARTICLES.	IN EACH AMBULANCE.	ARTICLES.	IN EACH AMBULANCE.
Beef stock, 2-lb. cans	No. 3	Spoons, table	No. 6
Buckets, leather	" 1	Tumblers, tin	" 6
Kettles, camp	" 1	Hard bread	lbs. 10
Lantern and candle	" 1		



ARTICLES.	IN HOSPITAL WAGON.	(a) IN FOUR-HORSE WAGON.	ARTICLES.	IN HOSPITAL WAGON.	(a) IN FOUR-HORSE WAGON.
Tongue depressor (hinged)	No. 1		Requisitions, returns and reports	copy, 1	
Tourniquets, field	" 8	No. 8	Ink (2-oz. bottles)	No. 2	No. 8
" " screw	" 2	" 4	Inkstand, travelling	" 1	
Trusses	" 4	" 16	Envelopes	" 100	" 100
DRESSINGS, &c.			Paper, wrapping, white and blue	qrs. 2	qrs. 2
Adhesive plaster	yds. 5	yds. 20	Paper, writing	" 4	" 8
Binder's board, 24 by 12 in.	pcs. 8	pcs. 48	Pens, steel, with holders	doz. 1	doz. 4
" " 4 by 17 "	" 8	" 48	Pencils, lead	No. 6	
Cotton bats	bats, 2	bats, 4	Portfolio	" 1	
" wadding	sheet 1		Sealing wax	stick, 1	
Flannel, red	yds. 4		Mucilage	bot. 1	
Gutta percha cloth	" 2		BEDDING, &c.		
Ichthyocolla plaster	" 5	yds. 20	Blankets	No. 20	No. 40
Lint, patent	lbs. 4	lbs. 24	Gutta percha bed covers	" 8	
" scraped	" 2		FURNITURE, &c.		
Muslin	yds. 10	yds. 20	Basins, tin (small)	No. 2	No. 8
Needles, 25; cotton, 1 spool;	case, 1		" wash, hand	" 3	" 8
thimble, 1	yds. 24		Bed pans, delf, shovel shape	" 1	" 4
Oiled muslin	" 24	" 20	" metal		
" silk	No. 12	lbs 50	Buckets, leather	No. 2	" 12
Pencils, hair		paps. 4	Corks, assorted	doz. 8	doz. 8
Plaster of Paris, ground		dz. 100	Corkscrew	No. 1	No. 4
Pins	paps. 2	oz. 4	Funnel, 4-pint (glass)	" 1	
Roller bandages, assorted	doz. 16	sets, 4	Grater, nutmeg	" 1	
Silk, green (for shades)	yds. 1	No. 20	Hatchet	" 1	
" surgeon's	oz. 4	No. 16	Hone	" 1	
Splints	set, 1	lb. 1	Kettles, camp (2-galls.)		No. 12
" Smith's anterior		No. 12	Lanterns, glass	No. 3	No. 12
Sponge, fine	lb. 4	lb. 1	Measure, graduated, 2-oz	" 1	
Suspensory bandages	No. 8	lb. 1	" " minim	" 1	
Tape	pcs. 4	No. 40	Medicine measuring glasses	" 2	
Thread, linen			Mill, coffee	" 1	
Tow	lbs. 10		Mortar and pestle	" 1	
Towels	No. 12		Pill boxes	paps. 2	
Twine	lb. 4		" tiles	" 1	
BOOKS, &c.			Razor and strop (in case)	No. 1	
United States Dispensary	copy, 1		Scales and weights	box, 1	
Surgery, Erichsen's	" 1		" " large	No. 1	
" Smith's Handbook	" 1		Sheepskins, dressed	" 1	
" Sargent's Minor	" 1		Spoons, table		doz. 6
Gun-shot W'ds—Longmore	" 1	cop's 8	Spatulas, 3 and 6 in.	No. 2	
Blank books	" 2		Tumblers, tin		No. 6
" " quarto	" 1		Urinals, glass	No. 2	" 4
Case book	" 1		Vials, assorted	doz. 2	
Register of patients	" 1				
Order and Letter book	" 1				

The ambulance boxes will be kept locked. The surgeon in charge of the Brigade will keep the keys, and, by weekly inspections, ascertain that each ambulance has its full supply.

Whenever practicable, one ambulance will follow in the rear of the Regiment on the march, to transport the Medicine Chest, Knapsacks, and any urgent cases of sickness or wounds.

When the ambulance cannot accompany the Regiment, one Knapsack will be carried by an orderly, with the command, and the Medicine Chest and remaining Knapsacks will be placed with the Hospital Tent and other Hospital Furniture, in the wagon allowed each Regiment for that purpose.

The hard bread can always be obtained from the savings of the Regimental Hospital.

JONA. LETTERMAN, *Med. Director.*

EXAMINATION OF RECRUITS.—We print the following letter because we think too much can hardly be said on the subject, until these outrages on common honesty, this barefaced violation of every sentiment of professional honor by men claiming to be physicians, are put an end to. It is hard indeed that it is possible for any man thus to impose on the liberality of the government, and we think an act should be passed, depriving all enlisted men, who on a second examination are manifestly unfit for service, of all right to any subsequent pay. This might be a hardship in some instances, but there is too much of this trading in bodily infirmities by men who know at the time they enter the service that they are entirely unfit for military duty. As for the physicians who furnish such recruits with certificates of fitness, they should be known and held up for the contempt of the community; in no other way can they be adequately punished. If our correspondent will furnish us with the needed evidence, we will publish the names of these unworthy members of the profession.

MR. EDITOR,—I am glad to see occasional mention in the JOURNAL of the negligence or culpability—call it what you will—of our surgeons in the examination of recruits. Let me give you a few data from the camp under my care. Two men were enlisted one week ago to-day—on Tuesday, one came to the hospital showing cicatrices almost *covering* the right arm, the result of old disease, the limb much atrophied and weakened. The next day the other came, complaining of rheumatism, which had long been chronic, with legs œdematous and distorted. Within a week there have come under my notice—recent recruits—a man with varicose ulcer of three years' standing; one with old fracture at the ankle joint, with atrophy and stiffness of the leg; one with only *six* teeth in his head, and these in such a condition that I removed them *all* at one sitting; one with advanced phthisis; one with senile bronchitis and chronic rheumatism, and 58 years of age; and of all these, the only ones who are not recent recruits have spent most of their term of service in the hospital. Should this be? Do our surgeons consider that they sign for each man (or should do so) a certificate that they have "on honor carefully examined Blank and find him fitted to discharge the duties of a soldier"? Do they think it *honorable*, to say the least, to send men into service who will in the first place receive twenty-five dollars as bounty on enlisting, and seventy-five at the end of the war—probably a bounty from a city or town—then thirteen dollars a month while in service, and aid to families—and after all this, to be doing *nothing* in return; but, instead, to be lying in a hospital, even before they leave the State, at an additional expense to Government of perhaps eight or ten dollars a month? What does it mean, when we have express orders to follow Tripler in our examinations—and he directs to examine the recruit *stripped*—that some men say they were not even *seen* by the surgeon, and a *great many* that they were not required to remove their clothes?

In my enumeration above, I did not by any means exhaust my list. I neglected entirely to mention the very numerous cases of hernia, varix, constitutional syphilis, and other defects in men who have been examined (?) by surgeons and pronounced fit for service.

I am somewhat amused at the order of the Surgeon-General printed in this week's JOURNAL. His elaborate and ideal diet table *cannot* be carried out, I am quite sure. The order, too, regarding cubic space

is all right in *theory*—but what is to be done? You say, too truly,  
 “necessity knows no law.” Truly yours,  
 December 19th, 1862. F. H. B.

MR. EDITOR,—Recollecting the impression that the first sight of an “ambulance” produced upon me, I was not surprised to find in your pages the anxious inquiry made by one of your friends for a substitute. Allow me to offer him, through you, the following suggestions. Any heavy country wagon will answer—the cotton wagons of the South being the kind I have seen used, but the large “U.S.A.” wagon is perhaps even better. Draw a piece of tent cloth over the standards or sides of the wagon, not too tightly, and fasten it firmly. You will find this a cool and elastic resting-place for a wounded man, free, or nearly so, from that horrid ambulating motion which is quite disagreeable enough to give a name for the “machine” which produces it.

AN EX-SOUTHERN APOTHECARY.

Boston, December 14th, 1862.

P. S.—If any of the government officers having control of the matter are as anxious for a “substitute” as your friend appears to be, they can secure some assistance from one who has had experience in the suffering occasioned by riding when unable to help himself, on application to

W. H. B.

Our correspondent evidently refers to the two-wheeled ambulance, which is universally acknowledged to be the perfection of abominations. The wagon which he describes as a substitute for it answers very well to the description of the four-wheeled ambulance, used to a considerable extent in our army. The latter is vastly superior to the former, as it preserves a more uniform level, the shock caused by inequalities in the road is much less, as the weight is distributed over a larger number of bearing points, and there is none of the up-and-down motion which is caused by the movements of the horse in the former, and which must be agonizing indeed to a wounded man. We doubt if any very great improvement can be made in the light four-wheeled ambulances now in use, so far as making them easier for the patients is concerned. At best they must be beds of torture to those doomed to a long journey in them over the rough roads of the South. Indeed, in our opinion, the greater part of the complaint against ambulances in general should more properly be made against the roads over which they must be driven. The vehicles must be made strong, with springs of considerable firmness, to resist the excessive jolting, which the want of a smooth piece of road anywhere of more than a few feet in length, at the present season, makes continuous and inevitable.

DURATION OF LIFE IN SWEDEN.—From official details just published, it appears that the average duration of life in Sweden during the eighteenth century was thirty-four years for men and thirty-seven for women; it is now forty-one and forty-six respectively. This is not owing to any great tendency to longevity, but rather to a diminution of deaths in the earlier stages of life, since only three-twentieths of the number of infants born die in the first year of their existence. Among the cause, which have tended to increase the average of life in Sweden vaccination holds the first rank. A hundred years ago one seventh of the deaths were attributable to smallpox, while now there is scarcely one death in a thousand owing to that disease.—*London Lancet*.

**AMPUTATIONS AFTER THE BATTLE OF CORINTH.**—Dr. E. Andrews, Surgeon of the 1st Illinois Light Artillery, writes as follows to the *Chicago Medical Examiner* :—

"The most recent surgical information which I can present is that of the battle of Corinth. Orders were there given to amputate no thigh above the middle, without a full council, and then only in desperate emergency. This order was given in consequence of the horrible mortality of high amputations. The result was strikingly, but perhaps fallaciously, brilliant. Of all thighs amputated below, or at the middle, four-fifths were alive *and doing finely*, on the tenth day, when last heard from. This was among the Union troops. Among the wounded Secesh who fell into our hands the same rule was adopted, but the result was exactly reversed. *Four-fifths of similar cases among them died before the tenth day.* This difference in the two classes is due, I believe, to two causes: 1st. The Confederate troops were nearly in a state of starvation, many of them having only roasted green corn in their haversacks. 2d. It is probable that many of the most favorable cases for the operation contrived to crawl away and get carried off on the retreat. There may also be a natural difference in their power of endurance, for it is noticeable through this whole region that the inhabitants have a thin, sallow appearance, which contrasts strongly with the ruddy robustness of our soldiers. In most parts of this region, a ruddy native is a wonder, and a fat one could not be found at all."

DR. G. A. DAYTON reports, in the *American Medical Times*, two cases of tænia expelled by the use of pumpkin seeds. Dr. D. remarks, in regard to this remedy, that to make it almost a specific, "the seeds should be thoroughly bruised, so that the particles can come in contact with the head of the worm; also that fasting is absolutely necessary to enable the remedy to accomplish its work."

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, DECEMBER 20th, 1862.

##### DEATHS.

	Males.	Females.	Total.
Deaths during the week	26	38	63
Ave. mortality of corresponding weeks for ten years, 1851—1861,	38.8	38.0	76.8
Average corrected to increased population	00	00	84.68
Death of persons above 90	00	1	1

##### Mortality from Prevailing Diseases.

Phthisis.	Croup.	Scar. Fev.	Pneumon.	Variola.	Dysentery.	Typ. Fever.	Diphtheria.
9	5	3	4	0	0	1	0

ERRATUM.—On page 399, line 2, for "Stratham" read *Statham*.

RECEIVED.—The Illustrated Physiological and Phrenological Almanac for 1863. Fowler & Wells, Publishers, New York.—On Medical Provision for Railroads, &c. Two Papers, by Edward S. F. Arnold, M.D., New York.

DEATHS IN BOSTON for the week ending Saturday noon, Dec. 20th, 63. Males, 25—Females, 38.—Anæmia, 1—disease of the bowels, 1—congestion of the brain, 3— inflammation of the brain, 2—bronchitis, 5—burns, 1—cancer of the breast, 1—consumption, 9—convulsions, 1—croup, 5—dropsy of the brain, 3—drowned, 1—scarlet fever, 2—typhoid fever, 3—gastritis, 1—disease of the heart, 1—infantile disease, 6—intemperance, 1—disease of the kidneys, 2—congestion of the lungs, 1—inflammation of the lungs, 4—marasmus, 2—old age, 1—paralysis, 1—premature birth, 1—puerperal disease, 2—teething, 1—unknown, 2.

Under 5 years of age, 32—between 5 and 20 years, 2—between 20 and 40 years, 19—between 40 and 60 years, 5—above 60 years, 5. Born in the United States, 61—Ireland, 7—other places, 5.

# MEDICAL JOURNAL ADVERTISING SHEET.



**PALMER'S PREMIUM ARTIFICIAL LEG!!**—This world-renowned invention is far superior to all other Artificial Legs manufactured either in Europe or America. No less than four patented improvements have been taken out for it, since its first introduction. Every desirable change that mechanism is capable of producing has been introduced, until, in the recent language of one of our most celebrated Surgeons (Henry J. Bigelow, M.D.), "it is very near perfection." Several imitators have recently sprung up, who are endeavoring to deceive the public by pretended improvements, which, in their practical application, are absolutely worthless. All "lateral motion" of an Artificial Foot simply renders the action unsafe; the foot in a short time becoming rickety and noisy, and consequently liable at any time to break from its connection. The "Palmer Artificial Leg" has stood the test of years, and all the truly practical improvements, which inventive skill, aided by the personal use of an Artificial Leg, could suggest, have been introduced.

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All pretended improvements over it are simply theoretical notions, intended to deceive. The extended reputation of this invention is a sure guaranty to the patient, that in procuring the "Palmer Leg" they will secure the best, and run no risk.

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Sept. 18.

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Feb. 13-17



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Oct. 23-17

**DR. J. H. DIX** has removed to Boylston, corner of Tremont street, and attends exclusively to DISEASES OF THE EYE AND EAR.  
Dec. 24, 1857.

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Directions.—The Water should be taken daily, in such quantities as not to wet on the bowels too much, and should be drank regularly twice or three times per day, beginning with half a tumbler each time, and reducing if found to operate too much, so that the system may become impregnated with its medicinal virtues, being sure to effectually eradicate the disease it professes to cure, if persevered in.

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Aug. 14-17

# MEDICAL JOURNAL ADVERTISING SHEET.

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Medical and Surgical Cliniques will be held every Wednesday and Saturday.

Anatomical materials abundant and free of charge. Fee for the course, \$25.

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Pittsfield, Mass., Dec. 1, 1862. D25-2m

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For further particulars, address B. R., Attleboro', Mass. Dec. 4-4t.

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The Institution is designed for those persons whose intemperate indulgence in strong drinks renders a removal from their homes and ordinary associations desirable, or necessary.

No pains will be spared to reclaim and restore them to their former position in society.

J. C. SHATTUCK, M.D.

## REFERENCES.

Rev E. P. Smith, Rev. J. E. B. Jewett,  
Hon. C. W. Bellova, Col. S. P. Shattuck,  
Charles Tarbell, Esq., Hon. A. Hutchinson,  
of *Pepperell*.  
Winslow Lewis, M.D., 55 Boylston st., Boston,  
A. Emerson, Esq., 2 Spring Lane, "  
John E. Tyler, M.D., Supt McLean Asylum, [Somerville]  
July 24, 1862-1t

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**RETREAT FOR NERVOUS INVALIDS**—At *Pepperell, Mass.*—The undersigned, having taken the Establishment for many years occupied by the late NEHEMIAH CUTTER, M.D., as a Retreat for Nervous Invalids, will continue to receive patients as heretofore. We are pleased to refer such to

Luther V. Bell, M.D., *Charlestown, late of the McLean Asylum*.  
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Ed. J. Davenport, M.D., 20 Bedford st., "  
J. A. Wood, M.D., Marlboro' Hotel, "  
Chas. F. Jones, Esq., 55 State st., "  
JAS M. STICKNEY, M.D.  
*Pepperell, Oct. 18, 1860. Jan 9, '62-1yr*

**LEOPOLD BABO**, German Apothecary, No. 33 B. Mylston street, Boston. Sept. 18-1y

**LONG ISLAND COLLEGE HOSPITAL, Brooklyn, N. Y.** Session for 1863.—The Session for 1863 will begin on the 12th of March, and continue sixteen weeks.

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Letters addressed to any Member of the Council will receive attention.

\* Dr. DOREMUS is now in Europe, but in case of his continued absence a competent substitute will be procured. Dis-3m

**JUST RECEIVED**, a general assortment of *Surgical, Obstetrical and Dental Instruments*; French and English, Pocket, Dissecting and Medicine Cases; Stethoscopes and Flint's Auscultating Instruments, Auricles, Connect Ear Trumpets and Conversation Tubes, &c., all for sale at a small advance from cost.

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Orders, with the amount enclosed, may be forwarded by mail to the publisher of this Journal. The book can in most cases be more economically sent by express, and will be promptly forwarded in that way, or as the purchaser may direct. Dec. 11

**CLIAS H. SPRING, M.D.**, has removed from No. 215 Washington st., to No. 7 Harrison Avenue. Special attention given to Diseases of the Spine. Office hours, 9 A. M. to 2 P. M. Jan. 8-1t

**DR. EDWARD JARVIS**, having returned from Europe, is again prepared to receive, at his house in Dorchester, and attend elsewhere, in consultation or otherwise, to patients who are suffering from nervous or mental disorders. Sept. 27-1t

## THE

**Boston Medical and Surgical Journal**

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY

SAMUEL L. ABBOT, M.D.

Whole No. 1818.]

Thursday, Jan. 1, 1863. [Vol. LXVII. No. 22.]

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## HARVARD UNIVERSITY.

### Summer Session of the Medical Department.

THE annual course of summer instruction in the Medical Department of Harvard University will commence at the Massachusetts Medical College, in North Grove street, Boston, on Monday, March 16, 1863, and continue till November.

Clinical, Medical and Surgical Instruction will be given at the Massachusetts General Hospital, adjoining the College.

Recitations from approved text-books will be held daily during the session at the College, upon all branches necessary to a medical education. Occasional lectures are also given, and demonstrations, illustrated by the Museums of the College.

During the Summer Session, instruction is given by lectures at Cambridge, on Botany, by Prof. Gray; on Comparative Anatomy, by Prof. Wyman; on Zoology, by Prof. Agassiz; on Acoustics and Optics, by Prof. Lovering. To these lectures, students of the Summer Session will be admitted without extra charge.

Good Board can be obtained at \$3.00 or \$4.00 per week.

Fees for the Summer Term (which must be paid in advance), \$100, without extra charge for Matriculation, Hospital, Library or Dissections; for six months, \$100; for three months, \$50.

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Tickets to the Session must be procured before students will be admitted to the Course.

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The fact that nearly 4000 persons are now wearing the "Palmer Leg," testifies to its superiority over all others. The "Great Prize Medal" was awarded to it in London over thirty-five competitors from all parts of Europe.

The "Palmer Artificial Leg" is lighter than any other, yet capable of sustaining a continuous pressure of over 500 lbs. It is more natural in its movements. It more closely resembles the natural leg, it being impossible to distinguish it. It is more durable, wearing for years. It requires less repairs. It can be afforded for a less price. Nine out of ten of the most celebrated Surgeons in all parts of the world recommend the "Palmer Leg" in preference to all others.

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Sept. 18.

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**JAS. H. NICHOLS & CO.,**

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Jan. 9.—tf

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*(late Kinkman & Hassam.)*

Feb. 13.—tf



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Aug. 14.—ly

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PARK STREET,  
Near Tremont st., Boston.

Oct. 23.—ly.

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Dec. 24, 1857.

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N. B.—This is not the Concentrated Water which has been sold for some time past, but the Natural Water as taken from the spring.

*Directions.*—The Water should be taken daily, in such quantities as not to act on the bowels too much, and should be drank regularly twice or three times per day, beginning with half a tumbler each time, and reducing if found to operate too much, so that the system may become impregnated with its medicinal virtues, being sure to effectually eradicate the disease it professes to cure, if persevered in.

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July 31.

**TRUSSES.**—Dr. RIGGS'S Hard Rubber Multipedal Truss. Water proof. Used in bathing; cleanly and indestructible. No. 2 Barclay street, New York.  
Aug. 14.—ly

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Those wishing to give it a trial, will please send measure and description of case.

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Also, constantly on hand, a complete assortment of Elastic Hose, and of Surgical Instruments. Catalogues of which will be sent on request.

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F. S.—Dr. Garratt, No. 9 Hamilton Place, Boston (near Park-street Church), continues to give special attention to the medical uses of Electricity, i.e. primary galvanism, in *Nervous Affections*—for re-kindling the vital force; for restoring tone in certain cases of atony, weakness and pain, as also in many of the more grave nervous affections—traumatic, wasting, and reflex-paralysis; cold-rheumatism, sprains, sciatica, lumbago, irritable spine, neuralgia, headaches, nerve-deadness, sensitive eyes, infantile palsy, chorea, amenorrhoea, torpor of bowels, and the like.  
Feb. 27

**WILLIAM H. SPRING, M.D.,** has removed from No. 215 Washington st. to No. 7 Harrison Avenue. Special attention given to Diseases of the Spine. Office hours, 9 A.M. to 2 P.M.  
Jan. 9.—tf

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## DRAGEES.

	U. S. P.		U. S. P.
Aloes and Myrrh,	grs. 4	Magnesia and Rhubarb, each	grs. 1
Compound Cathartic,	3	Quevenne's Iron, reduced by Hyd'n,	1
" "	1½	Cynoglosse,	1
Aloetic,	4	Proto-Iodide of Iron,	1
Assafœtida,	4	Lactate of Iron,	1
Aloes and Assafœtida,	4	Sulphate of Quinine,	1 & 2
Dinner, Lady Webster's,	3	Valerianate of Quinine,	1
Compound Calomel, Plummer's,	3	" of Zinc,	1
" " "	1½	" of Iron,	1
Blue Pills,	3	Citrate of Iron and Quinine,	2
Opium Pills,	1	" of Iron,	2
Calomel Pills,	2	Willow Charcoal,	2
Opium et Acet. Plumb., each	1	Diascordium,	2
Extract of Rhatany,	3	Anderson's Antibilious & Purgative,	2
Compound Rhubarb,	3	Extract of Gentian,	2
Compound Colocynth,	3	Iodide of Potassium,	2
Compound Squills,	4	Calcined Magnesia,	2
Dover Powders,	3	Rhubarb,	2
Carbonate Iron, Vallett's formula.		Ergot Powder, covered with sugar	
Carbonate of Manganese and Iron.		as soon as pulverized,	2
Kermes,	1-5	Phellandria Seed,	2
Santonine,	½	Washed Sulphur,	2
Bi-Carbonate of Soda,	4	S. N. Bismuth,	2
Meglin,	1	Tartrate Potassa and Iron,	2

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*Of 1-50 of a grain each.*

Aconitine,	Morphine,
Arsenious Acid,	Strychnine,
Atropine,	Valerianate of Atropine,
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*Of 1-5 of a grain each.*

Tartar Emetic,	Extract of Hyosciamus,
Codeine,	" of Ipecac,
Conicine,	" of Opium,
Extract of Belladonna,	Proto-Iodide of Mercury,

Lupuline,	gr. ½	Extract Rad. Aconite,	gr. ½
Extract Nux Vomica,	½	Emetine,	½
Veratrine,	1-24	Iodide Mercury,	½
Sulphate of Morphine,	1-8	Valerianate Morphine,	1-8
Corrosive Sublimate,	1-12	Acetate Morphine,	1-8
Nitrate of Silver,	½	Digitaline,	1-24
Extract of Hyosciamus,	½	Strychnine,	1-12
Colchicum (each granule equal to two drops of tincture.)			

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Copaiba, pure solidified,	Cubebs, pure,
Copaiba and Cubebs,	Cubebs and Alum,
Copaiba, Cubebs and Citrate Iron,	Cubebs, Rhatany and Iron.

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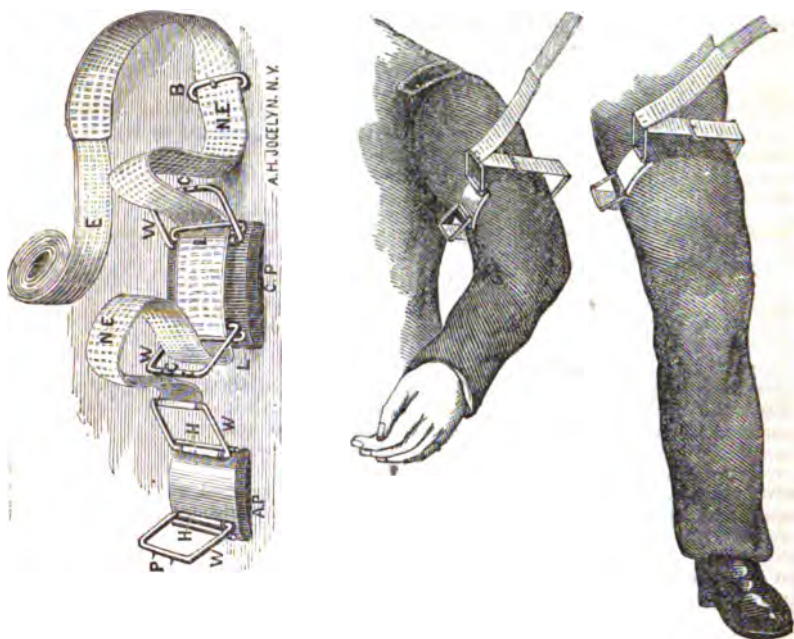
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It is easily applied; allows, when desirable, "collateral circulation," and is very compact and portable.

**PRICE, \$2.**

☛ Send for a Circular of description and commendations.

**WADE & FORD,**  
*Sole Agents, New York.*

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THE AMERICAN, OR LAMBERT'S NEW ELASTIC TOURNIQUET,

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Sept. 4—17.

**THE**  
**BOSTON MEDICAL AND SURGICAL JOURNAL.**

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**VOL. LXVII.**

**THURSDAY, JANUARY 1, 1863.**

**No. 22.**

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**CASE OF GLAUCOMA; RELIEVED BY IRIDECTOMY.**

[Read before the Boston Society for Medical Improvement, December 22d, 1862, and communicated for the Boston Medical and Surgical Journal.]

**BY HENRY W. WILLIAMS, M.D.**

A SHORT time since, I made to this Society a brief report of a case of acute glaucoma, in which complete restoration of vision was obtained by the performance of iridectomy. The disease being comparatively rare, but, when it occurs, so very rapid in its course, and so hopelessly destructive if not at once arrested by surgical interference, I feel it important to call attention to another instance where the results of the operation, in a most violent attack, were equally satisfactory.

A lady beyond the middle period of life had, during the last summer, been subjected to harassing fatigues and emotions, arising from the sudden death of friends, and her health, usually exceedingly good, had perhaps suffered, in some degree, from these depressing causes.

About the middle of October, while walking, she was suddenly attacked with severe pain, accompanied by almost total loss of vision, in the right eye. The pain was, however, thought to be neuralgic, and the loss of sight was attributed to the same cause, the patient supposing that restoration of vision would ensue upon the subsidence of the pain; but, as the symptoms persisted, I was asked to see her on the 18th of October, four days after their invasion.

The circum-corneal zone was much injected, with a few enlarged vessels running tortuously upon the globe and penetrating the sclerotic. The pupil was considerably dilated; appearing as if forced open by pressure of the lens forward against the iris. The field of the pupil had a turbid aspect. The iris was apparently little changed in color or condition. The globe was evidently harder than natural, when pressure was made upon it through the lid. Pain continued to be felt in and around the eye. The patient could only perceive the largest objects, and those indistinctly.

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The symptoms of glaucoma being unmistakable, I advised that an operation should be at once submitted to.

Ether was administered, and, with the assistance of Dr. Hay, I opened the cornea at its upper edge and removed a segment of the iris.

The operation was followed by immediate relief of pain, and the amelioration of the other symptoms, though somewhat slow, was uninterrupted in its progress.

On testing her sight, on the 18th of December, two months after the iridectomy, I found her able to read a fine newspaper print, without glasses, with this eye; though she had worn glasses for many years (having been compelled to have recourse to them at the age of 35), and still required them for the other eye.

The segment of iris having been taken from its upper portion, all deformity, and all dazzling of the eye from excess of light, are avoided; the artificial enlargement of the pupil being covered by the upper lid, which is an immense advantage to the patient.

I take the opportunity to state, that the patient referred to at the beginning of this communication, continues to enjoy perfect vision—eight months having elapsed since the operation was performed.

## THE RECENT OPHTHALMOLOGICAL CONGRESS IN PARIS.

[Communicated for the Boston Medical and Surgical Journal.]

TRANSLATED FROM THE GERMAN BY HASKET DERBY, M.D.

[THE following brief account of the recent Ophthalmological Congress in Paris, written by the distinguished gentleman selected to preside over its deliberations, may not be without interest to the members of the profession in general.]

PARIS, OCTOBER.

You remind me of my promise to give you some account of the Ophthalmological Congress which held its sessions in Paris from Sept. 30 to Oct. 3. It was certainly rather incautious of me to enter into such an engagement, but I will endeavor to fulfil it as briefly as possible. I cannot dwell on scientific details, inasmuch as the columns of the ———, so much in demand for other purposes, would hardly contain even a summary of the doings of the Congress. I must accordingly content myself with giving you, as far as possible, a glance at the general physiognomy of the assemblage.

We numbered one hundred and fifty—all the noted oculists of Europe and even of the Western Continent were present, and most governments had deputed special representatives. The delegation from your own country was especially notable. By the side of Graefe—the grand master of science—shone Ruete and Coccius from Leipsic, Arlt and Gulz from Vienna, and many others whose names do not occur to me at this moment, albeit all deservedly re-

nowned. Holland had sent Donders, the most renowned teacher of her universities, Denmark Melchior, the United States Williams,\* Italy Borelli, Greece Anagnostakis, Egypt Abbate, Belgium Van Roosbroeck, Warlomont and Haircou, Portugal Marquez, &c. I abbreviate, for he who enumerates the nations can repeat the names even only of the more prominent persons who were here present. By the side of these men sat Sichel, Desmarres, Guérin, and all the leading French ophthalmologists. Our only chagrin was caused by not seeing among us a single one of the great surgeons of Paris, but their absence is to be explained by the horror with which these gentlemen regard all that they are pleased to bring under the head of specialty; as though specialty were not the sole means of progress in the field of surgery; as though it were not to this that—in these latter days—science is indebted for so many acquisitions, humanity for so many benefits.

I had the honor to be called upon to preside over this august assemblage, the most learned I had ever encountered. Donders and Desmarres were elected vice presidents, Giraud-Teulon and Wecker secretaries.

Each of the four sessions of the Congress lasted over six hours. Numerous communications, mostly of deep interest, were during this time interchanged and debated with animation. But I assert, without hesitation, that your illustrious Graefe and his school, and Professor Donders of Utrecht, bore away all the honors. These are great geniuses, who have outstripped their contemporaries as well as their predecessors. The communications of Graefe and Donders gave rise, without exaggeration, to positive enthusiasm.

I have been present at many congresses, never at such a one. One may think and say as much evil of such meetings as one will, but all those who were fortunate enough to participate in the Paris Congress will unhesitatingly agree that as a means of spreading abroad the results of scientific experience, such a method is unsurpassed. The system of congresses has its own special object, and more should not be expected from it than it is capable of performing. It is true that new ideas are not created, but they are spread in the quickest and most admirable manner. Who will undertake to dispute the significance and worth of this service?

Like its predecessors, the Congress of Ophthalmology held a brilliant banquet at the close of its labors. Of the numerous toasts proposed (the usual formal ones having been dispensed with), I will only mention those in honor of Graefe and Donders, the two heroes of the four days of the Congress.

An interesting episode occurred during the consideration of the business protocol which the Paris Committee had prepared. After a long debate, the Congress ordered the striking out of that paragraph which made it the duty of the president, wherever the place of meeting should be, "to obtain the necessary sanction of the au-

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\* Probably Dr. E. Williams, of Cincinnati.

thorities." Each president is to act in such cases according to the obligations imposed by the laws of his own land; but an international code should contain no clause which must wound the feelings of a nation that is deprived of the right of free assemblage. For, be it well understood, the Congress of Paris was only the first of a series of similar re-unions which shall take place successively in different European cities; the code, therefore, could not be constructed entirely on a French basis.

The next Congress is to meet in four years at Vienna. The present one has been so fruitful in results that it is not to be doubted that all who have participated in it will eagerly respond to the summons which will be addressed to them in 1866.

Make any use you please of these few lines, which I now conclude. Allow me only to add that the report of the labors of the Paris Congress, shortly to be published, will form one of the most interesting and instructive volumes of our epoch.

DR. VLEMINCKX.

#### CASE OF PITYRIASIS NIGRA.

By P. J. FARNSWORTH, M.D., OF LYONS, IOWA.

[Communicated for the Boston Medical and Surgical Journal.]

THE following case, occurring in my practice, seems worth reporting on account of its novelty. Mrs. C., aged about 50, of very fair complexion, enjoying fair health, except a little torpidity of the liver, consulted me in regard to a small tumor in the vicinity of the thyroid gland. It was not troublesome, but affected somewhat her good looks.

Painted it over with ordinary tincture of iodine, giving directions to have it applied occasionally. After the second application, a slight eruption took place, followed by desquamation over the whole neck. Concluded it was from the iodine, and directed it to be discontinued, and some soothing lotion to be applied. On the third day the eruption had spread to the face; on the fourth day it covered the face, and was of a dark mahogany color. Every portion exposed to the light, from the roots of the hair to where the dress covered the chest, was of the same color. The mental distress was much greater than that of the body, as may well be imagined; a fair complexion being thus suddenly transformed to that of a blackmoor. Her friends could scarcely express their sympathy, her appearance was so ludicrous. And they certainly were excusable, for there were the voice and features of Mrs. C., but the countenance was that of a negro. After the fifth day there was much itching and heat in the morning, followed by desquamation in large scales, leaving the skin shining and of a dark color; towards night, the cuticle seemed to be re-formed and to intensify the color. It did not manifest any disposition to spread beyond its original limits. It was in the month of December; there had been no exposure to



the sun; there was no disturbance of the uterine functions, as the catamenial period was passed; there was some gastric irritation as evinced by occasional sick headaches, and a habit of costiveness.

I diagnosticated the case to be pityriasis nigra, of Willan, except that instead of the furfuraceous scales falling off, and leaving "the newly-formed membrane of the normal tint," the same dark color remained, to go through the same process the next day.

The prognosis was doubtful, but to relieve her distress of mind I hazarded the assurance that it would go off in a few days. Gave a blue pill at night, to be carried off by a saline cathartic in the morning, and applied a wash composed of plumbi acet. gr. x., chloroform gtt. xxx., glycerine ℥ i. The wash seemed to relieve the painful symptoms. The desquamation took place for three or four days, in no slight degree, when it gradually grew less, and the skin resumed its natural color. At the end of ten days, to the great relief of Mrs. C., her friends, and the doctor, she was restored to society a fair-complexioned lady, with no blemish, except a slight bronchocele.

December 20th, 1862.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

Nov. 24th.—*Fatty Concretions discharged from the Bowels after taking a large quantity of Sweet Oil.*—Dr. JACKSON showed the specimens, which he had received from Dr. Wm. F. Perry, of Mansfield. The patient, a married woman, had had, for several weeks, symptoms of affection of the liver and alimentary canal. On the 17th inst., she took one gill of the oil, and on the following day these masses passed with a fecal discharge. They are eight or ten in number, of uniform size and appearance, of a regular and somewhat oval form, about one third of an inch in length, light colored, and of more than a soft solid consistence. The following is the result of Dr. John Bacon's examination:—

"The concretions have a feeble acid reaction. When heated they melt readily, and burn with a bright flame, leaving a slight alkaline residue. In alcohol they dissolve almost completely, and the solution leaves, on evaporation, a mixture of granular, solid fat, with some oil. The concretions are undoubtedly formed from the olive oil taken by the patient."

Dr. J. referred to a few other similar cases that had occurred here, and questioned whether anything of the kind had been described.

Dec. 8th.—*Diphtheria.*—Dr. JACKSON showed the affected parts from a patient who had died under the care of Dr. Charles Jordan, of South Reading, and reported the following facts, which he obtained from Mr. John Dole, a student of Dr. J. The patient was a lawyer by profession, 41 years of age, somewhat plethoric and always healthy. On the 15th of November, Dr. J. saw him, and found him sitting up, dressed, and complaining of sore throat. Sick since Monday, but at-

tended to his business till Thursday. Tonsils much swollen and inflamed, with inability to swallow; aphonia; dyspnoea since the day before; countenance natural; pulse 100. An astringent gargle was ordered, and poultices to the neck. On Sunday morning he was about the same; but, being unable to sleep, an opiate was ordered. In the evening, Dr. J. was sent for, and found him expectorating a large amount of viscid and puriform mucus. The throat was about the same, but the patient complained of there being something behind the tonsils that he wished to get rid of. On Monday morning, the throat was less swollen, and he could swallow liquids; patient walking about the room; had thrown off, before Dr. J.'s visit, two pieces of thin membrane about half an inch in diameter. Stimulants were ordered, with nourishing food. In the afternoon, the tonsils were very much less inflamed, and no lymph could be seen in the pharynx. At 11, P.M., Dr. J. was called, and found the breathing stertorous, the countenance suffused, and the pulse 120. Hot fomentations were applied to the throat and internal stimulants given, and Dr. J. remained with the patient until 4 o'clock the next morning, the patient continuing about the same. An hour or more after he left him, he threw off a large, long and partially tubular membrane. At 7, A.M., on Tuesday, the breathing was easier; tendency to doze; pulse weak and rapid. Ordered stimulants to be given freely. At 11, A.M., a consultation was held; the patient having previously thrown off one piece of membrane 1 inch by  $\frac{3}{4}$  inch, and another 2 inches by  $\frac{3}{4}$  inch. Through the day he continued to sink, and at 5, P.M. he died; the aphonia having continued and the dyspnoea increasing from the time that Dr. J. first saw him.

An examination of the body was at first objected to, but was subsequently made in the receiving-tomb on the 5th instant; the parts being in good condition and not frozen. These were removed and sent to Dr. J., who showed them to the Society. In the pharynx, there was a thin layer of lymph of some extent; and a pretty thick layer lined the under surface of the epiglottis, the larynx and trachea (in both of which it was adherent), primary, most of the secondary, and many of the smaller bronchi. The lungs were not congested.

The first membrane that was thrown off on Tuesday morning was also shown by Dr. J., and from its size it must have come from the trachea; at one extremity it terminated in two large but short branches, and, exclusively of these last, it measured, as it lay, corrugated by the spirit in which it had been preserved, just 4 inches.

Two days after the death of this patient, his child, aged about 10 years, was attacked with sore throat, hoarseness, but no aphonia, and active constitutional symptoms; there was lymph upon the fauces, which was removed by an application of the tr. ferri mur., and in about ten days it recovered.

His sister, who lived at a distance of three or four miles, and was with him much of the time the last two days, was taken a few days after his death with apparently the same disease, and died on the evening of the 5th inst.

Dr. Jordan has had, altogether, about four or five cases recently, but the others have done well.

Dr. Jackson remarked upon the rapidity with which the membrane must have formed in the trachea—in less than twelve hours.

Dec. 8th.—*Monstrosity*.—Dr. JACKSON reported the case, which oc-

curring in the practice of Dr. T. E. Francis, of Brookline. The fœtus was sent to him by his student, Mr. C. A. Shurtleff. It was born at 7½ months, was a first child, and lived for a short time. Over the upper part of the occiput, but on the median line, was a protrusion of the membranes of the brain, forming a deep red, shining and fleshy mass, but covered about the base by skin and integument; the whole being of rather a rounded form and nearly or quite equal in size to the last joint of the thumb. The cranium, which had been partially prepared, and was shown to the Society, was sufficiently capacious, but rather flattened, and the sagittal suture was largely open throughout. This last having been cut through at the time of the dissection, the brain was examined as far as possible, but nothing unusual was observed. The continuity of the membranes into the external mass was quite distinct. The opening in the occiput is about large enough to allow the thumb to pass.

The abdomen was very unusually large, owing to the great size of the kidneys. The left, which was particularly examined, weighed 6 ounces, was quite irregular upon the surface rather than lobulated, had no investing membrane that could be detached, and contained throughout immense numbers of cysts, about one half of a line in diameter. The ureter consisted of a whitish, condensed, impervious cord, not a line in diameter; and the pelvis was merely an enlargement of the same tissue. Internally no trace of the natural structure of the organ was visible to the naked eye. The following microscopical examination was made by Dr. Jeffries Wyman:—"There were only traces of the natural structure of the kidney. A few uriniferous tubes, with their epithelial linings, were seen, but no unequivocal Malpighian bodies, though there were some rounded masses covered by a capsule that might have been such. No connection was traced between the cysts and the uriniferous tubes. The contents of the cysts consisted of a transparent fluid, in which were floating numerous rounded cells, with a central nucleus similar to those figured in Jones and Sieveking's *Pathological Anatomy* (Am. Edit., 1854), p. 555, fig. 254, *a*. In one of the cysts an octohedral crystal, probably of oxalate of lime, was found."

The other kidney presented the same appearances externally, and has been preserved entire. The other organs were well formed; the bladder being tolerably developed. Sex, female. Feet affected with varus.

Dr. J. said that he had once, in a monstrosity, found the kidneys in very much the same condition as in the present case, except that they were not so large, the cysts contained no fluid, and the ureters and pelvis were not obliterated (No. 810 in the Society's Cabinet); in another monstrosity (No. 788) the kidneys were made up of cysts. In a young man, aged 19 years, he supposed, from the history of the case, that the disease was congenital (No. 589). Dr. C. D. Homans reported to the Society the case of a little girl, 12 years of age, in whom the encysted disease of one of the kidneys was probably congenital (*Boston Medical and Surgical Journal*, June 19th, 1856); and, lastly, Cruveilhier figures a specimen from a child 3 years old (*Livr.* 6), the disease being regarded by him as congenital.

Dr. J. thought that encysted disease of the kidneys was oftener congenital than it was generally supposed to be; and he remarked that the condition of the organs that is found in a monstrosity may be found also in a subject otherwise well formed.

DEC. 22d.—*False Membrane expectorated by a Patient with Croup.*—Dr. JEFFRIES WYMAN showed several fragments of lymph, some of them several inches in length, and tubular, which had been coughed up by a patient with membranous croup; and gave the following account of the case, which he had received from Dr. J. T. G. Nichols, of Cambridge, the attending physician.

The patient was a boy, 9 years old, generally healthy. Had inflammation of the upper lobe of left lung, one year ago, from which he recovered perfectly. For past month not as well as usual, but no definite complaint. On November 22d, was exposed to wet, and at night was chilly, next day feverish and hoarse. On 24th, felt better, and went out. That night, had chills again, more hoarse, and had dry, ringing cough. On the 25th, feverish, with increase of hoarseness and cough, and noticeable dyspnoea at night. On the 26th, no improvement, and at night dyspnoea much more marked, with pretty severe suffocative attacks. Got Dover's powder at night, and during night two emetic doses of ipecac. Dr. N. saw him at 9, A.M., of 27th. Symptoms of croup well marked—voice extinct; cough dry and sharp; breathing labored; during paroxysms of severe dyspnoea some lividity of face; tongue moist, with thin, white fur; fauces red, and with tonsils (which are slightly enlarged) covered with a thin, starchy exudation. On left tonsil is a small patch of thicker exudation, of a greyish color. No external swelling. Some tenderness of larynx and trachea on pressure. Pulse of fair strength, 140. Skin hot and dry. Not much thirst. Was seen by Dr. Wyman, in consultation, and the following treatment prescribed. Dover's powder, gr. iv., every three or four hours. To drink as freely as he will of a saturated solution of bicarbonate of soda, in "soda water" (carbonic acid water). To have an enema of bicarbonate of soda,  $\mathfrak{z}\text{i}$ . in solution, every four hours, if retained. The room to be kept filled with steam. Fauces sponged with solution of nitrate of silver, 40 grains to the ounce.

At 8, P.M., expelled, after a severe paroxysm of suffocative cough, a tube of false membrane, followed by almost complete relief from dyspnoea. Had a very good night. At 8, A.M., of 28th, dyspnoea increasing. Considerable muco-purulent expectoration. At 9½, A.M. (13½ hours' interval), expelled another tube, with much relief of dyspnoea, which gradually increased, however, until 6½, P.M. (9 hours' interval), when he expelled two tubular membranes. During night, respiration grew worse again, and at 9, A.M., of 29th (14½ hours' interval), expelled another membrane. Pulse now soft, 98. Skin moist. Somewhat exhausted. Ordered wine whey. At 6½, P.M. (9½ hours' interval), expelled another membrane, preceded by gradually increasing dyspnoea and followed by marked relief, which continued till the morning of the 30th, when the breathing again became labored, and at 3½, P.M. (21 hours' interval), expelled another membrane. Had a good night. On Dec. 1, respiration much easier. Cough frequent, paroxysmal, with more copious muco-purulent expectoration, at times bloody. During the day, expelled two small pieces of membrane. Sonorous rales over whole chest, with slightly diminished resonance over left upper lobe. Give the enema three times daily. On the 2d Dec., improvement continues. Expelled a small piece of membrane. On the 3d, enemata omitted; and on the 5th, the steam and the "soda water" were given up. From this time he slowly improved, having

cough, with copious muco-purulent expectoration, more or less bloody. On the 15th, he spoke aloud for the first time. On the 19th, sitting up; voice still rough; less cough; very pale and weak, but improving daily, under iron and quinine. During treatment, he took about three ounces of the bi-carbonate in enemata, and four quarts of soda water saturated with the bi-carbonate. The bowels were opened daily. At one time he had severe pain in abdomen, which was relieved by substituting for the water, in the enemata, an infusion of spear-mint. The urine was not examined, but was not much if at all increased in quantity. The intervals at which the different portions of membrane were expelled will be clearly seen by the following table:—

Nov. 27th,	1st tube.		
" 28th,	2d "	13½	hours interval.
" "	3d "	9	" "
" 29th,	4th "	14½	" "
" "	5th "	6½	" "
" 30th,	6th "	21	" "
Dec. 1st,	2 small pieces.		
" 2d	1 " "		

Voice recovered on the 15th.

## Army Medical Intelligence.

### ANNUAL REPORT OF THE SURGEON-GENERAL, U.S.A.

SURGEON-GENERAL'S OFFICE, November 10th, 1862.

SIR,—I have the honor to lay before you a statement of the fiscal transactions, and a report upon the operations generally, of the Medical Department of the Army, for the fiscal year ending on the 30th of June, 1862.

The amount of the appropriation for the Medical and Hospital Department on the 30th of June was:—

In the hands of disbursing agents	\$6,006 62
In the Treasury of the United States	41,172 92
Amount appropriated per Act July 17, 1861	1,271,841 00
Amount appropriated per Act Feb. 25, 1862	1,000,000 00
Amount appropriated for deficiency to June 30, '62, approved Feb. 25, '62	125,000 00
Amount refunded into the Treasury, on account of Medical and Hospital stores sold at auction, viz., D. D. Morrison, \$330.60, John Moore, \$950.50, E. H. Abadie, \$330.43, I. D. Cotton, \$240.00, Samuel Elliott, \$18.32	1,874 35
Total	\$2,445,894 89
Of this sum there has been expended on account of pay, &c., of private physicians, contracted in 1861	\$85,052 91
do. do. in 1862	86,597 78
For medicines, instruments, hospital stores, &c.	2,249,462 52
	2,871,113 19
Leaving in the hands of disbursing agents	\$73,781 70

It has been usual for a report of the sickness and mortality of the Army to accompany this report, but it is found impracticable, arising from the vast amount of labor incident thereto, and it will be furnished, it is believed, in time for publication as a supplement to the "Surgeon-General's report for the fiscal year ending June 30, 1862." In the meantime, however, I am able to present the following statement of General Hospitals, and the number of patients according to the latest returns received at this office.

VOL. LXVII.—No. 22A

<i>Names of Hospitals.</i>	<i>Location.</i>	<i>No. of Patients.</i>	<i>Names of Hospitals.</i>	<i>Location.</i>	<i>No. of Patients.</i>
Ascension,	Washington,	294	Hammond,	Point Lookout, Md.,	977
Armory,	"	486	Bellevue	New York,	609
Carver,	"	1278	David's Island,	"	2146
Columbian,	"	728	Jews	"	53
Cliffburne,	"	1087	Ladies' Home	"	263
Casparis,	"	113	City,	"	240
Douglas,	"	345	Fort Wood,	"	503
Eckington,	"	330	Twenty-eighth St.,	"	36
Emory,	"	902	Blackwell's Island,	"	248
Epiphany,	"	172	Brooklyn,	"	131
Ebenezer,	"	137	Long Isl'd College,	"	122
Finley,	"	561	Fort Schuyler,	"	455
Harewood,	"	1834	St. Luke's,	"	56
Judiciary,	"	491	Fort Columbus,	"	93
Kalorama,	"	19	New Haven,	Connecticut,	175
Mount Pleasant,	"	1351	Portsmouth Grove,	Rhode Island,	1322
Odd Fellows' Hall,	"	168	Newark,	New Jersey,	1343
Patent Office,	"	660	Clareysville,	Maryland,	463
Ryland Chapel,	"	101	Beaufort,	North Carolina,	269
Stone,	"	92	Newbern,	"	118
St. Elizabeth,	"	135	Portsmouth,	"	53
Trinity,	"	315	Hilton Head,	South Carolina,	227
Union Chapel,	"	47	Beverley,	Virginia,	61
Cranch,	"	178	Grafton,	"	152
St. Aloysius,	"	239	Parkersburg,	"	59
1st Division,	Alexandria,	585	Wheeling,	"	74
2d "	"	512	Fort Monroe,	"	1600
3d "	"	534	Chesapeake,	"	238
Camp Parole,	"	347	Mill Creek,	"	681
Fairfax Seminary,	"	1176	Hampton,	"	352
Seminary,	Georgetown,	115	Yorktown,	"	162
Union,	"	174	St. James,	New Orleans, La.,	300
Presbyterian,	"	117	Marine,	" " "	1200
Trinity,	"	191	City,	St. Louis, Mo.,	447
College,	"	293	Marine,	"	193
Dunbarton,	"	57	Charity,	"	85
Camden Street,	Baltimore,	575	House of Refuge,	"	719
Stewart's Mansion,	"	450	Good Samaritan,	"	135
Patterson Park,	"	282	Benton Barracks,	"	106
Newton University,	"	202	Convalescent,	"	1021
McKim's Mansion,	"	332	Jefferson Barracks,	Missouri,	1049
West's Buildings,	"	682	Jefferson City,	"	100
Annapolis,	Annapolis, Md.,	1197	Springfield,	"	251
Gen. Hospital, No. 1,	Frederick, Md.	717	Kcokuk,	Iowa,	1529
" " 2	"	194	Quincy,	Illinois,	422
" " 3	"	306	Gen. Hospital, No. 1,	Louisville, Ky.,	145
" " 4	"	261	" " 2	"	133
" " 5	"	491	" " 3	"	153
" " 6	"	193	" " 4	"	227
Camp A,	"	697	" " 5	"	116
" B,	"	398	" " 6	"	134
Broad Street,	Philadelphia, Pa.	785	" " 7	"	125
South "	"	202	" " 8	"	134
Wood "	"	186	" " 9	"	125
Fifth "	"	218	" " 10	"	129
St. Joseph's,	"	120	" " 11	"	133
Christian Street,	"	187	" " 12	"	149
West Philadelphia	"	1863	" " "	Columbus, Ky.,	78
Pennsylvania,	"	100	Floating Hospital,	"	20
Summit House,	"	147	Paducah,	Kentucky,	214
Fourth Street,	"	221	Bardstown Road,	"	80
Catharine "	"	85	Greenup Street,	Covington, Ky.,	61
Master "	"	214	U. S. Hospital,	"	173
Front "	"	186	Seminary,	"	230
Turner's Lane,	"	154	Union City,	Tennessee,	60
Race Street,	"	313	Memphis,	"	676
Hestonville,	"	151	Jackson,	"	551
Germantown,	"	139	Gen. Hospitals (5),	Evansville, Ind.,	1070
Filbert Street,	"	313	Marine,	Cincinnati, Ohio,	62
York,	Pennsylvania,	926	Third Street,	"	61
Reading,	"	202	West End,	"	85
Harrisburg,	"	597	Camp Dennison,	"	1532
Chester,	"	816	Washington Park,	"	228

The number of General Hospitals is thus seen to be 150, and the total number of patients in them, 58,715.

During the past year the health of the troops has been remarkably excellent. No epidemics of any severity have appeared among them, and those diseases which affect men in camp have been kept at a low minimum. Scurvy has been almost entirely prevented, and yellow fever, from which much was feared, has had but few victims. This immunity is due to the excellent hygienic arrangements instituted, and to the cordial manner in which Generals in command have coöperated with the proper authorities.

In an army of the size of that now maintained by the United States, it was of course to be expected that the absolute number of sick would be very large, and the important battles which have been fought have thrown a large number of wounded on the care of the Department. At present the total number under the charge of officers of the Medical Department is not short of 70,000, and immediately after the battle of Antietam it was over 90,000. That this large number could be provided for without some cases of unnecessary suffering occurring, would perhaps be too much to expect; but I must commend the Medical Corps, both of the regular and volunteer service, for the faithful and efficient manner in which their duties have been performed. In the discharge of their duties Medical Officers have been very much aided by the contributions of the people of the country, and by the efficient coöperation of the Sanitary Commission and Relief Associations.

In addition to providing the sick and wounded with medical attendance and medicines, much has been done by the Department in furnishing food, clothing, and comforts of various kinds. From much observation, both at home and abroad, and from the concurrent testimony of distinguished foreign medical officers, I am satisfied that never before were the sick and wounded of an army so well cared for as are those who have suffered for their country in the present rebellion. The hospitals, I take pride in saying, are a credit to the nation.

Before the several medical boards in session during the year (from July 1st, 1861, to June 30th, 1862), a large number of applicants for appointment in the medical staff of the Army were invited by the Secretary of War. Of these, sixty-six candidates duly presented themselves. Thirty-three of this number were approved, and five rejected; the remaining twenty-eight withdrew, one on account of physical disqualification. Before the same Boards, eleven Assistant Surgeons were examined for promotion, nine of whom were found qualified, and two not considered as coming up to the standard of merit required. In the examination by these Boards, the standard of attainments required for success was much lowered, the Board in New York being ordered to examine two candidates each day for the regular army, while the examination of candidates for the appointment of Surgeon of Brigade became little more than a farce. Since the 1st of June last, however, the standard of examination has been raised, and the gentlemen now entering the Medical Staff have been found fully competent to undertake the important trust with which they are charged.

The breaking out of the rebellion found the United States Army with a Medical Department arranged for a peace establishment of 15,000 men. Experience soon demonstrated the fact, that, however efficient

its officers might be, the organization was such as to ill adapt it to the necessities of a large force in time of war. Partial progress in the right direction was made by Congress in increasing the rank of the Surgeon-General, adding a limited Inspecting Corps, and increasing the number of Surgeons, Assistant Surgeons, Medical Cadets, and Hospital Stewards. The Department was also placed on a more independent footing, and its whole status elevated. But there are still other measures, which, if adopted, cannot fail to add to the efficiency of the Department, and these I desire to urge through you on the attention of Congress.

First among these is the establishment of a permanent Hospital and Ambulance Corps, composed of men specially enlisted for duty in the Medical Department, and properly officered, who shall be required to perform the duties of nurses in the hospitals, and to attend to the service of the ambulances in the field. By the establishment of this corps several thousand soldiers, now detached as nurses, cooks, &c., would be returned to duty with their regiments, and the expense now incurred by the necessary employment of contract nurses obviated. A corps formed upon the basis of two men to each company in service, organized into companies of 100 privates, with one Captain, two Lieutenants, four Sergeants and eight Corporals to each company, would relieve the line of the Army from all details for the Medical Department, and enable the Department to render far more efficient services to the sick and wounded than it is capable of affording under the present system. The necessity of such a corps has been recognized in all European armies, and I am able to speak from personal observation of the great advantages to be derived from it.

I regard an increase of the Medical Corps, both of the regular and volunteer forces, as absolutely necessary. The law of Congress, approved July 2d, 1862, provides sufficiently, except for cavalry and artillery regiments, for the wants of troops in the field, but the service in hospitals has to be filled to a great extent by the employment of contract physicians. I therefore recommend that the Medical Corps of the Regular Army be increased by twenty Surgeons and forty Assistant Surgeons, and the Staff Corps of Volunteer Medical Officers by fifty Surgeons and two hundred and fifty Assistant Surgeons. This last Corps now consists of 200 Surgeons and 120 Assistant Surgeons. The cavalry and artillery organization requires Medical Officers as much as infantry. The omission on the part of Congress should be supplied; a Surgeon and two Assistant Surgeons should be authorized for each regiment of cavalry, and for each regiment of heavy artillery, and an Assistant Surgeon for each light battery.

Under the First Section of the Act of June 30th, 1834, Assist. Surgeons of the regular army must have served five years before being eligible for promotion as Surgeon. On the 1st of November there were but six Assist. Surgeons in the army who had served five years. The effect of this law will be to prevent the filling of vacancies which may occur in the grade of Surgeon, and I therefore recommend that so much of said section as requires Assist. Surgeons to serve five years as such, before being eligible to Surgeoncies, be repealed.

The number of Medical Cadets is altogether too small for the necessities of the service. I therefore recommend that authority be given to appoint as many as may be required, in accordance with existing laws on the subject.



The institution of a Medical Inspecting Corps has been productive of excellent results. The number of Inspectors authorized is, however, too limited to enable the service to be as efficiently performed, as is desirable. I therefore recommend that two Inspectors General and eight Inspectors be added to the present organization. The authorization of an additional Assist. Surgeon-General would also be a measure of great propriety.

Considerable progress has been made in the establishment of an Army Medical Museum. The advantages to the service and to science from such an institution cannot be over estimated. I respectfully recommend that a small annual appropriation be made for its benefit.

An Army Medical School, in which Medical Cadets and others seeking admission into the Corps, could receive such special instruction as would better fit them for commissions, and which they cannot obtain in the ordinary medical schools, is a great desideratum. Such an institution could be established in connection with any General Hospital, with but little if any expense to the United States. A hospital of a more permanent character than any now in this city is, I think, necessary, and will be required for years after the present rebellion has ceased. I therefore recommend that suitable buildings be purchased or erected for that purpose. If this is done, the Medical School and Museum will be important accessions to it.

Experience has shown that a most useful class of officers was authorized by the Act relative to Medical Storekeepers. The number now authorized is too small. They could very properly perform the duties of medical purveyors, now performed by medical officers, and thus officers who have been educated with special reference to service as physicians and surgeons, and who are now acting as medical purveyors, would be enabled to resume their proper duties. I therefore recommend an addition to the medical storekeepers.

At present the washing of clothes in General Hospitals is provided for as follows : One matron is provided for every twenty patients, who receives a compensation of six dollars per month and one ration. Great difficulty is experienced in large General Hospitals in procuring a sufficient number of matrons to perform this duty, and I have the honor to propose that, instead of this now unreliable plan, a sum of money, equivalent to the pay and allowance of a matron, say twelve dollars for every twenty patients, be monthly allowed to every General Hospital, to be appropriated for laundry purposes at the discretion of the Surgeon in charge, whether to the payment of matrons or the payment of bills for washing by steam or otherwise.

The 10th Section of the Act approved July 17, 1862, gives additional rank to officers of the Adjutant Generals, Quartermasters, Sub-sistence, and Inspector Generals Department who are serving on the Staff of Commanders of Army Corps. There is, I think, manifest propriety in extending the provisions of this Act to the officers of the medical department who may be on duty with such command as medical directors, and I respectfully ask for such extension.

The Engineer and Ordnance Departments are charged with the erection of buildings which requires special knowledge. The building of hospitals also requires knowledge of a peculiar character, which is not ordinarily possessed by officers out of the medical department. It would therefore appear obviously proper that the medical depart-

ment should be charged with the duty of building the hospitals which it is their duty to administer.

In the matter of transportation the interests of the service require that the medical department should be independent. Much suffering has been caused by the impossibility of furnishing supplies to the wounded, when those supplies were within a few miles of them in great abundance.

The establishment of a laboratory, from which the medical department could draw its supplies of chemical and pharmaceutical preparations, similar to that now so successfully carried on by the medical department of the Navy, would be a measure of great utility and economy. I therefore respectfully recommend that authority be given for this purpose.

In regard to the age at which recruits are received into service a change is imperatively demanded, both for the interests of the Army and the welfare of individuals. The minimum is now fixed at eighteen years, and it is not uncommon to find soldiers of sixteen years old. Youths of these ages are not developed, and are not fit to endure the fatigues and privations of military life. They soon break down, become sick, and are thrown upon the hospitals. As a measure of economy I recommend that the service age of recruits be fixed by law at twenty years.

The present manner of supporting the cartridge-box is productive of hernia or rupture. Many instances in support of this statement have occurred since the commencement of the rebellion, and reports on the subject are frequently received from medical officers. I recommend that, instead of being carried by a belt around the waist, the cartridge-box be supported by a shoulder-strap. This would entirely obviate the evil.

At the last session of Congress the sum of two millions of dollars was appropriated for the relief of discharged soldiers. I recommend that one million of dollars of this sum be set aside for the establishment of a permanent home for those who have been disabled in their country's service. This measure is one of such importance that I forbear entering into details at this early period. An establishment of the kind, organized upon an approved plan, would be productive of incalculable benefit.

Soon after my appointment I issued circulars to medical officers, inviting them to co-operate in furnishing materials for a Medical and Surgical History of the Rebellion. A large number of memoirs and reports of great interest to medical science, and military surgery especially, have been collected, and are now being systematically arranged. The greatest interest is felt in this labor by the medical officers of the Army and physicians at large.

The reorganization of the Medical Department necessitated a new set of regulations for its guidance. Under your orders a Board has been in session preparing a new code. Their labors have been very much interfered with by the necessity of detailing them, from time to time, for more imperative duties, but I expect to be able to submit to you, in a short time, a complete set of regulations for your approval.

I have deemed it my duty, with your sanction, to visit, from time to time, the hospitals and armies of the eastern portion of the country. I have thus been enabled to make myself acquainted with their sani-

tary condition and medical wants. I hope, ere long, to be able to extend these inspections to the west.

A uniform diet table for General Hospitals has been prepared with great care, and promises to work advantageously.

Large depots of medical supplies have been established at New York, Philadelphia, Baltimore, Fortress Monroe, Washington, Cincinnati, Cairo, St. Louis, and Nashville, which have proved of incalculable advantage to the sick and wounded. Moreover, large sums have been saved by the accumulation of stores before the recent advance took place.

In terminating my report, I desire to express the hope that the labors of the Officers of the Medical Department may be made more and more worthy of the high mission which has been confided to them.

I am, Sir, very respectfully, your ob't serv't,

WILLIAM A. HAMMOND,  
*Surgeon General.*

HON. E. M. STANTON,  
*Secretary of War.*

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON: THURSDAY, JANUARY 1, 1863.

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INSPECTION OF MILITARY HOSPITALS—FIRST REPORT BY DR. HENRY G. CLARK, INSPECTOR-IN-CHIEF.—We have received Dr. Clark's first report, and its contents are most gratifying, showing conclusively that the design of the inspection was conceived in wisdom and is being carried out with discretion and fidelity, to the great advantage of the inmates of the hospitals, and to the extension of a spirit of mutual good will among the members of the profession thus brought into relation with each other.

The report begins with a short history of the inspection, showing that it was called for by the immense increase of the army without a proportionate increase of the United States Medical Inspectors. Copies of the original circulars to the gentlemen invited to serve are next given, together with all the documents placed in their hands on commencing their tours of duty; and the whole concludes with a résumé by the Inspector-in-Chief of the doings of the Inspection up to November 18th, from which we make the following extracts:—

"Immediately upon accepting service, I engaged Drs. Bowditch and Ellis, of Boston, to come with me to Washington, and commence the work. Familiar as they both were with hospital administration and experience, I was sure that their work would be done in the most faithful and competent manner, and that, with their aid, the inspection here, at least, would be well inaugurated.

"Dr. Stephen Smith, of New York, had already, under the appointment of your Committee, completed a primary inspection of all the Hospitals in the District of Columbia.

"Dr. David Judkins, of Cincinnati, had been detailed to inspect the Hospitals in that vicinity.

"Dr. Joshua B. Flint, of Louisville, Ky., was inspecting at and around that place; and Dr. Winslow Lewis, of Boston, at and around

New York. The above details were made by the Committee. My own assignments have been as follows, viz. :

"Dr. Charles E. Ware, October 29th, one month : Dr. Benj. S. Shaw, November 18th, half a month ; Dr. Morrill Wyman, November 5th, half a month.—At Washington and vicinity, and Frederick.

"Dr. Edmond Fowler, of Alabama, one month, October 31st.—Baltimore.

"Drs. Borland and Hodges, of Boston, November 15th.—Philadelphia and Baltimore.

"Dr. Francis Minot and Dr. Samuel L. Abbot, of Boston, November 19th, for two weeks.—Fortress Monroe, Norfolk, and Pt. Lookout.

"Dr. Charles E. Ware remains here, and will be followed in succession by Drs. Borland and Ayer, of Boston, the first on the 22d, the last on the 29th inst., for duty here and at Frederick.

"I shall be able very shortly to detail for services at nearly all the distant points, which I have hitherto been unable to do satisfactorily for want of a complete list of the General Hospitals of the U. S., which I have just succeeded in procuring.

"The larger part of the Inspectors, thus far, have been drawn from Massachusetts, because they were more accessible to me, better known, and therefore more available to me in a work so comparatively new.

"For the future I shall be able to avail myself more liberally and freely, of the talent now fortunately placed at the disposal of the Commission, and to make a more equable distribution of the privileges and labors of the Inspection.

"In accordance with the suggestion of the Committee, and with my own judgment, I shall avoid any assignments to gentlemen in the immediate vicinity of their own circles of residence and acquaintance.

"The several reports, I have the honor now to transmit, bear conclusive internal evidence, if any were needed beyond the unanimous expression of gratification, of the handsome manner in which the Inspectors have every where been received, and their object facilitated.

"A solitary rebuff only, the single exception necessary to prove the rule, occurred at one of the hospitals out of this District, and this was so promptly rebuked by the Surgeon-General, upon a report of the facts by the General Secretary, that it will not probably ever be repeated.

"The Surgeon-General, the Inspectors, and surgeons generally connected with the army, both in and out of the Hospitals, have manifested great cordiality towards the Inspection, and to myself as the organ of communication between this Department and the Medical Bureau, the greatest courtesy and consideration.

"The suggestions, contained in the reports, with regard to defects and evils found to be existing in any of the Hospitals, have, when transmitted by me, as they are frequently, by extracts, synopses, or verbally, to the Surgeon-General, invariably received his immediate and effective attention

"I only echo here the sentiments, repeatedly expressed, of the Inspectors, when I say that the condition in which they have found the great Hospitals of the Army, so far as they have been examined, has been to them a very agreeable surprise that so much has been accomplished, in so short a time, and so well.

"An inspection of the reports of the different Inspectors, at different and consecutive dates, will also show, in many instances, a very marked and progressive improvement in the condition of the Hospitals inspected.

"This improvement has, no doubt, been partly owing to the natural effects of time, and the better experience and opportunities of the officers in charge, but partly, also, I am assured by the surgeons themselves, to the friendly influence of the Inspectors, and of the establishment, in this way, of a sort of standard of excellence. In fact, it is impossible but that the opinions of men of standing and knowledge in the profession should have their proper weight upon a class of earnest, hard-working, and many of them capable, men, upon whom the accidents of war have unexpectedly and suddenly cast the gravest labors and responsibilities.

"I must not omit to notice here another instrumentality, which has, in a very important degree, contributed, in my judgment, to the establishment of the 'entente cordiale' between the surgeons and the officers of the Commission.

"It is the 'Army Medical Society,' which owes its origin to the far-sighted and thoughtful suggestiveness of the General Secretary, who, at an early day, invited the Surgeon-General and the other surgeons on duty in the District, to meet the members of the Commission, at these rooms, for a friendly conference upon matters of common interest connected with the administration of the General Hospitals.

"The meetings have been fully attended, and the result has been the formation of a permanent society, which, with a very simple organization, takes cognizance of all matters relating to the Hygiene, the administration of Military Hospitals, and the care of their inmates.

"The active members comprise the Surgical Staff within the District, and some of the officers of the Commission; but it affiliates to itself, *as associates, all the Surgeons of the Army and Navy, and all the Medical members of the Commission*, inviting them all to contribute to its stores of knowledge and to partake freely of its benefits.

"I respectfully transmit, with this, all the reports which have been received. They contain, as you will find, a very large amount of valuable material, of which, with future accumulations, I shall hope to make further use.

"In conclusion, after having carefully examined these reports, and having personally visited many of the Hospitals in this District, I feel bound to say, in relation to them, that, in so large a field, it would be wonderful not to find some weeds—to start and put into working order the ponderous machinery of Hospitals which contain, in the mass, more than 70,000 beds, without any friction, would be a miracle. Let us then, instead of criticizing too sharply, rather admire the energy, the skill, the administrative capacity, shown in extemporizing and systematizing an agency so beneficent and so grand."

I remain, Gentlemen, with great respect, your ob't serv't,

HENRY G. CLARK,  
*Inspector-in-Chief.*

---

TREATMENT OF DISEASE BY OXYGEN GAS.—From a letter on this subject, published in the *Cincinnati Commercial*, we take the following:—

"Surgeon George G. Shumard, Medical Director of Danville Dis-  
VOL. LXVII.—No. 22a

trict, suggested and instituted the experiment of administering oxygen gas by inhalation. Having in my possession a copy of his official report upon the subject, I take the liberty of transmitting the following extracts from it, which I hope will be sufficient to show who originated the important experiment referred to :—

“ November 29, 1862.—I have frequently had occasion, in the course of my medical practice, to observe the apparent great want of oxygen in the blood drawn from patients laboring under different forms of autumnal disease. Impressed with the belief that this deficiency was not merely apparent, but real, and that blood, thus unfavorably constituted, if not the cause of disease, could not otherwise than exercise a very prejudicial influence upon the system, I several years ago instituted a series of careful comparisons between healthy blood and that drawn from patients laboring under different forms of autumnal disease, and succeeded in fully satisfying myself that such a deficiency really did exist, and that there was an excess of carbonic acid in the blood of all the cases examined. It therefore occurred to me that if oxygen gas could, by any means, be artificially supplied to the circulation, it might afford a valuable remedy in the treatment of autumnal and various other forms of diseases. It also occurred to me that the best channel for administering the remedy would be that which nature has herself established for the reception of oxygen—the lungs. I therefore resolved to try the experiment as soon as a favorable opportunity presented itself.

“ In 1857, I was called to see a case of severe congestive chill, in which the patient, a man about 30 years of age, was cold and nearly pulseless. Active stimulants and other remedies usually employed in such cases were freely resorted to. A small quantity of nitrous oxide gas was also prepared, and administered to the patient by inhalation. Shortly afterwards the pulse increased in volume, and in about one hour from the time of the inhalation the extremities became warm, and the patient recovered from his chill. As other remedies were here employed besides the gas, and may have exercised an important influence in relieving the patient, I concluded to await the result of other experiments before publishing the case.

“ Shortly after this, my duties called me to another portion of the United States, and I had no further opportunities for repeating the experiment until the 22d of the present month.

“ Last summer, while acting as Medical Director at Huntsville, Alabama, I repeatedly urged the employment of the gas in the treatment of disease. The different medical officers stationed at that post were favorably impressed with the idea that it might be made a useful remedy ; but, from some cause or other, the gas was not administered. I also requested Dr. Newman, a highly accomplished private physician of Huntsville, to employ the remedy in such cases as he might deem favorable for its use. A number of physicians in Cincinnati were also urged, a year ago, to administer the gas in cases of disease.

“ On the 22d instant, a case of typhoid fever (Case No. 1), of a hopeless character, was reported from Danville General Hospital No. 3. As the patient was apparently dying, and could not, therefore, be in any way injured by the experiment, I resolved to try the effects of the gas. Assistant Surgeon Devindorf was accordingly directed to administer the gas to him immediately, which he did, in the presence of Assistant Surgeons Samlere, Aichele, and Simpson. The results

were so striking in character as to impress every one present favorably with the remedy. I may here remark that two of the medical officers present, who were at first decidedly skeptical upon the subject, upon witnessing the result of the first experiment, immediately changed their opinions, and became enthusiastically in favor of the remedy.

"As soon as the favorable results of the gas began to exhibit themselves in case No. 1, Assistant Surgeons Samlere, Aichele, Devindorf, Simpson and Avery were directed to visit the different hospitals in Danville, and, after having carefully examined the worst cases of disease in each, to select such for experiment as were considered entirely hopeless. They accordingly reported to me cases Nos. 2, 3, 4, 5, 6, and 7, to all of which the gas was immediately administered. The reports of all these cases are now before you, and from them you will be able to judge whether this remedy is or is not worthy of more extensive trial.

"Without attempting an analysis of these cases, I will merely remark that all the patients to whom the remedy was administered were pronounced hopeless by their attending physicians, and that their judgment in the matter was fully confirmed by that of the committee appointed to examine the cases before the gas was inhaled; that a striking improvement was observed in every case after the gas was administered; that under its influence warmth slowly returned to the extremities, after the most powerful diffusible stimulants that could be given had failed to produce that result; that the pulse increased its volume, and became much more natural to the touch; that the delirium which had, in several cases, existed for weeks previously, entirely subsided; that the involuntary discharges from the bowels, in all but one case, ceased; that several of the cases, after lying for many hours delirious, or insensible, became rational, and conversed with those around them; that the countenance assumed a much more natural expression; that the livid spots upon the chest and abdomen of two of the cases changed to a light rose color, and commenced disappearing; that the patients all expressed themselves as feeling much better; that the effects of the gas were not merely temporary but permanent; that in the four cases that have died, life was apparently prolonged many hours by the remedy; and that three out of the seven supposed fatal cases are still living and may yet recover.

"I propose to continue the experiments, and shall hereafter not confine them alone to cases that are considered hopeless.

"Although it has thus far been tried in only eight cases, the results are sufficient to prove that we have in oxygen gas a remedy of surprising power, and one that bids fair to be of great service hereafter in the treatment of almost every variety of disease.

"The gas was administered to all the cases in the form of nitrous oxide, which was made in the usual manner, from nitrate of ammonia, by Prof. Brikford, of Danville, and Assistant Surgeon Semlere, U. S. V. For want of better apparatus, it was administered to the patients from beef bladders, which answered the purpose moderately well.

"Although the oxygen was employed in these cases in the form of nitrous oxide gas, I would not propose to use it so in all cases. In cholera and severe cases of congestive chill, I am persuaded that oxygen gas, in its pure form, or slightly diluted with atmospheric air, would be better; nor would I hesitate to give it in any form of dis-

case in which the vital powers are depressed, since the cases recorded show that it relieves delirium and irritation instead of producing them." \* \* \* \* \*

"Such are the facts of the case, which can be certified to, if necessary, by every medical officer stationed at this post. Since the above report was written, the gas has been administered to a large number of patients here, and in every case with good effect.

I am sir, very respectfully, your obedient servant,

EDWIN HOLMES.

**FATTY CONCRETIONS DISCHARGED FROM THE BOWELS.**—At the last meeting of the Suffolk District Medical Society, Dr. Jackson referred to the case reported in the Proceedings of the Boston Society for Medical Improvement, on page 433 of this week's Journal, when Dr. Geo. H. Nichols (formerly of Portsmouth, but now of this city), who was present, related a somewhat similar case that came to his knowledge some years ago. The patient took about a wineglassful of *linseed oil*—given, he thinks, by an empiric; and within a day or two twenty or more concretions were passed from the bowels, about the size of large peas and of the consistence of tallow.

It is stated that in Sturgis's Hospital, 9th Army Corps, 2d Division, Army of the Potomac, there have been registered over 600 wounded patients, on whom have been performed 74 capital operations, viz., amputation of legs, arms, or resections of these limbs, 33 of which were primary. The deaths after operations were stated to be eight.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, DECEMBER 27th, 1862.

##### DEATHS.

	Males.	Females.	Total.
Deaths during the week	43	37	80
Ave. mortality of corresponding weeks for ten years, 1853—1863,	40.4	34.8	75.2
Average corrected to increased population	00	00	82.91
Death of persons above 90	1	0	1

##### Mortality from Prevailing Diseases.

Phthisis.	Croup.	Scar. Fev.	Pneumon.	Variola.	Dysentery.	Typ. Fever.	Diphtheria.
12	7	3	5	0	0	2	1

**ERRATUM.**—An absurd error of the press in last week's JOURNAL made the title and running heading of the first article to read *The Weak-sight Ophthalmoscope*, instead of *Weak-light Ophthalmoscope*, as it was written.

**TO CORRESPONDENTS.**—The paper on the character and treatment of yellow fever, as it appeared recently at Port Royal, S. C., by Thomas T. Smiley, M.D., to which allusion was made in the JOURNAL some weeks since, has been received, and will appear next week.—Dr. Clark's communication on the Co-existence of Tubercle and Cancer came too late for this week, but will have an early insertion.

**DEATHS IN BOSTON** for the week ending Saturday noon, Dec. 27th, 80. Males, 43—Females, 37.—Accident, 4—congestion of the brain, 3—disease of the brain, 2—bronchitis, 2—disease of the bowels, 1—consumption, 12—convulsions, 3—croup, 7—cyanosis, 1—cystitis, 1—debility, 2—diarrhoea, 3—diphtheria, 1—dropsy, 1—dropsy of the brain, 5—eczema, 1—erysipelas, 1—scarlet fever, 3—typhoid fever, 2—infantile disease, 7—intemperance, 3—disease of the kidneys, 1—congestion of the lungs, 1—inflammation of the lungs, 5—old age, 2—peritonitis, 1—pleurisy, 1—rheumatism, 1—unknown, 3.

Under 5 years of age, 37—between 5 and 20 years, 7—between 20 and 40 years, 19—between 40 and 60 years, 8—above 60 years, 9. Born in the United States, 49—Ireland, 25—other places, 6.



# MEDICAL JOURNAL ADVERTISING SHEET

## MEDICAL DEPARTMENT OF THE UNIVERSITY OF VERMONT.

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The next Annual Course of Lectures will commence the last Thursday, being the 27th, of February, 1885, and will continue 10 weeks.

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At the commencement of the Session, every Student is required to call on the Dean and enter his name and place of residence, and the name and place of residence of his Preceptor, in the Register, and pay all fees for the course.

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Students who have attended two full courses in other regular Medical Institutions, will be admitted on payment of the Matriculation fee, and a fee of \$10. Graduates of this and other regular Medical Schools, are invited to attend the Lectures, free of charge.

Dec. 4—11.



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References to the first New York Surgeons and others. Send for pamphlets. Aug 11

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From Pereira's *Materia Medica*, Vol. II. Part II. page 2243.

"The experience of the profession at large appears now quite to have established the fact that Cod-Liver Oil, is one of the most efficacious of all remedies in arresting the progress of pulmonary phthisis; that it enables patients to struggle no longer against the inroads of the disease, and thus enables them sometimes to obtain cicatrization and contraction of cavities which otherwise must have produced speedy death." Dec. 13.

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**ALBANY MEDICAL COLLEGE.**—Two full courses of lectures are delivered annually in this Institution. The *Spring Course* commences on the second Tuesday in February, and the *Fall Course* on the first Tuesday in September. Each course continues sixteen weeks. Degrees are conferred at the close of each term. Fee for full course, \$50. Graduation fee, \$20.

Materials for dissection are abundant, and furnished to students on as reasonable terms as at any similar institution in the country. A spacious Hospital has been opened nearly opposite the College, to which students are admitted free of charge. Weekly Cliniques are held in the College.

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J. V. P. QUACKENBUSH, M.D., Sec'y.  
 Albany, May 8, 1882.—11

**GARDNER'S PERMANENT SOLUTION OF PROTOXIDE OF IRON.**—The attention of the Medical Profession is called to this novel and eminently successful preparation of Iron. It is becoming so well known, and so generally used, although but a short time before the public, that it has already taken its place among the standard preparations of the day. It contains 40 grains of Ferri Protoxide to the fluid ounce, and is prepared in two forms—bitter and sweet; the former the result of a combination of a vegetable tonic (Quassin, containing no Tannin, whereby a precipitate of Tannate of Iron is avoided) with the mineral. The rapidity with which this article is assimilated is really surprising, usually producing observable effects in chlorosis from three to six days.

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June 7—19

# MEDICAL JOURNAL ADVERTISING SHEET.

**CONSUMPTION IN NEW ENGLAND**, or Locality one of its chief Causes. An Address delivered before the Massachusetts Medical Society, May 28th, 1862, by **HENRY I. BOWDITCH, M.D.**

Copies of Dr. Bowditch's Address, separate from the Annual Proceedings of the Society as published for the members (making a pamphlet of 100 pages, with a colored map and diagrams), are on sale at the Journal office, price 75 cents, and will be sent by mail, postage prepaid, on the receipt of the money. Jan. 1

**BERKSHIRE MEDICAL COLLEGE.**—The *Winter Reading Term* of this Institution will commence on the first Wednesday of January, 1863, and continue 16 weeks.

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Medical and Surgical Cliniques will be held every Wednesday and Saturday.  
Anatomical material abundant and free of charge.  
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*Pittsfield, Ms., Dec. 1, 1862. D25-2m*

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Jan. 9—tf

**THE LOCUST-GROVE RETREAT**, at *Pepperell, Mass.*—The buildings recently erected on the old site of the late Dr. N. Cutter's Asylum, are now being fitted up for the reception of patients. The situation is a very desirable one, the buildings are commodious, and the rooms pleasant and convenient for the purpose. The town also is noted for its fine farms, pleasant drives, and picturesque scenery.

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No pains will be spared to reclaim and restore them to their former position in society.

**J. C. SHATTUCK, M.D.**

## REFERENCES.

Rev E. P. Smith, Rev. J. E. B. Jewett,  
Hon. C. W. Bellows, Col. S. P. Shattuck,  
Charles Tarbell, Esq., Hon. A. Hutchinson,  
of *Pepperell*.  
Winslow Lewis, M.D., 75 Boylston st., Boston,  
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John E. Tyler, M.D., Sup't McLean Asylum,  
July 24, 1862—tf [Somerville]

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**RETREAT FOR NERVOUS INVALIDS.**—At *Pepperell, Mass.*—The undersigned, having taken the Establishment for many years occupied by the late **NEHEMIAH CUTTER, M.D.**, as a Retreat for Nervous Invalids, will continue to receive patients as heretofore. We are pleased to refer such to

Luther V. Bell, M.D., *Charlestown*, late of the *McLean Asylum*.  
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Ed. J. Davenport, M.D., 20 Bedford st.,  
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Chas. F. Jones, Esq., 55 State st., "  
**JAS M. STICKNEY, M.D.**

*Pepperell, Oct. 18, 1860. Jan 9, '62—1y*

**LEOPOLD BABO**, German Apothecary, No. 33  
Boylston street, Boston. Sept. 18—1y

**THE PHYSICIAN'S HAND-BOOK OF PRACTICE AND MEMORANDA**, for 1863. By **WILLIAM ELMER, M.D.**, of New York. It contains a classification of diseases, a list of remedial agents, of incompatibles, poisons and their antidotes, a diagnostic examination of the urine, a record of practice and treatment, an obstetric calendar, a general memoranda, &c. Copies for sale at this office, or sent by mail, postage paid, on receipt of the price, \$1.25. Jan. 1.

**LONG ISLAND COLLEGE HOSPITAL**, *Brooklyn, N. Y.* Session for 1863.—The Session for 1863 will begin on the 12th of March, and continue sixteen weeks.

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Good board, with lodging, &c., may be obtained in the immediate vicinity of the College, for from \$4 to \$5 per week. The necessary expenses for the Course, those for travelling excepted, need not exceed \$300.

Letters addressed to any Member of the Council will receive attention.

\* Dr. DOREMUS is now in Europe, but in case of his continued absence a competent substitute will be procured. D18-3m

**JUST RECEIVED**, a general assortment of *Surgical, Obstetrical and Dental Instruments*; French and English, Pocket, Dissecting and Medicine Cases; Stethoscopes and Flint's Auscultating Instruments, Amurics, Compact Ear Trumpets and Conversation Tubes, &c., all for sale at a small advance from cost. **J. W. PHELPS**,  
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**PARKER'S COMPOUND VEGETABLE OIL** AND **PATENT ENLARGING NIPPLE SHIELD**—For the Cure of Chapped or Sore Nipples.—As this Compound is perfectly harmless, the Patient need have no fear whatever in its free use. The taste being pleasant, the child never refuses its accustomed nourishment on account of it.

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**WEEKS & POTTER**, 170 Washington st., Boston, agents for the New England States; and for sale by all Druggists. May 22—1y\*

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY  
SAMUEL L. ABBOT, M.D.

Whole No. 1819.] Thursday, Jan. 8, 1863. [Vol. LXVII. No. 23.

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## HARVARD UNIVERSITY. Summer Session of the Medical Department.

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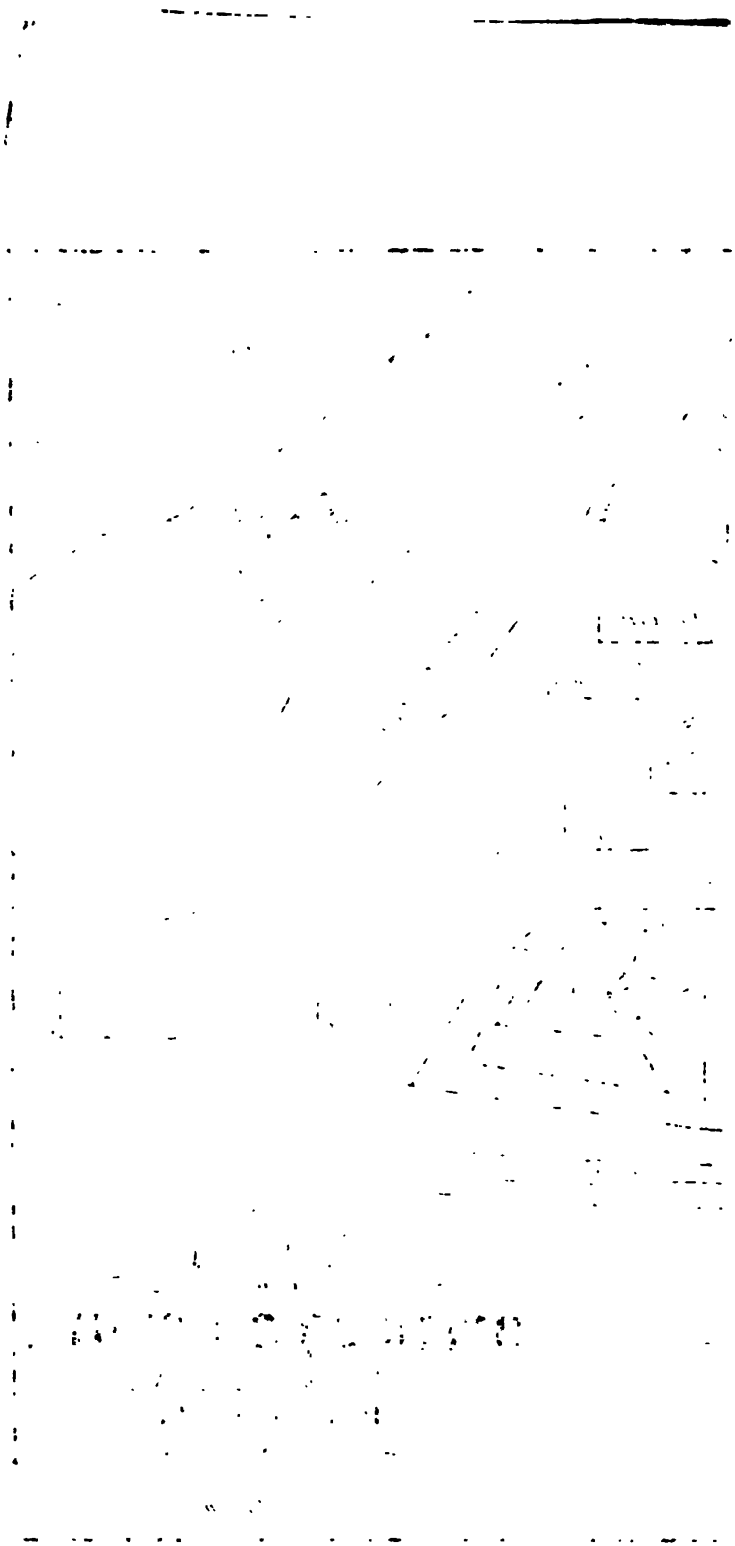
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THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

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THURSDAY, JANUARY 8, 1863.

No. 23.

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THE YELLOW FEVER AT PORT ROYAL, S. C.

[Communicated for the Boston Medical and Surgical Journal.]

{ U. S. GENERAL HOSPITAL, HILTON HEAD,  
PORT ROYAL, S. C., Dec. 10, 1862.

MR. EDITOR,—With the present condition of our country we are all familiar. The immense army now assembled at the North, together with the divisions which are stationed along the Southern coast, present an array of armed men which has rarely been equalled in the history of the world. All these men have been assembled at the North, and are familiar with Northern climates and Northern diseases, but in all probability a large portion of them will soon be transported to the Southern country, where some diseases prevail which are not met with at the North, and which during certain seasons of the year are very fatal to those not accustomed to the climate. It has become, therefore, of more importance than heretofore, to investigate the hygienic condition of the Southern country, and to do all that can be done to throw more light upon the nature and character of the diseases to which our people now are, or are likely hereafter to be, exposed. It is my intention, therefore, to communicate for your readers the results of my experience in this Hospital in regard to the character and treatment of one of the most deadly of Southern diseases, the appearance of which in an army of unacclimated Northern men would produce more terror than the assaults of the fiercest and most remorseless of enemies. I need scarcely say that I refer to the

YELLOW FEVER.

Though the yellow fever is substantially a disease of Southern climates, and confined chiefly to the intertropical regions, yet it has occasionally prevailed in some of our Northern cities, even as far north as Boston, but it has never penetrated beyond the limits of dense population, and has not become naturalized as one of the permanent diseases in any of the cities north of the Potomac. Its characteristics are therefore little known to Northern physicians,

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few of whom have ever seen a case of it. It is said to be essentially an American disease, and that it is nowhere else met with except in Southwestern Europe and Western Africa, where it has been brought from America. It is not found in Asia, though the southern part of India would seem to present all the conditions found in America favorable to the production and wide-spread prevalence of the disease.

The intermittent, bilious, typhus, typhoid and other similar diseases of that type, deriving their origin from marsh miasm, prevail throughout every part of the Southern country during the summer and autumn; but the yellow fever, on the contrary, is chiefly confined to the cities and towns near the coast, and never extends far from the limits where the salt and fresh waters intermingle. From the fact that the yellow fever is chiefly confined to the locality of dense population, it has been inferred that the causes which produce it are the same as those which give rise to the class of bilious affections, with the addition of some decomposed animal ingredients, subjected to a high temperature for a long time during the heats of summer, when the thermometer has been for two or three months at an average of not less than 79 or 80 degrees of Fahrenheit. The usual time for commencing its ravages is the latter end of summer or the beginning of autumn, and it always disappears immediately after it is met by the first frosts. The disease seldom attacks the same person twice.

#### U. S. STEAMER DELAWARE.

As I have before observed, my object at the present time is to give the results of my experience in the treatment of the disease as it appeared in this locality, and especially of the cases which were admitted into this hospital during the months of September, October and November of the present year. Before doing so, I shall state some facts connected with the appearance of the disease in this place, leaving the inferences chiefly to your readers.

The United States Steamer Delaware departed from Hilton Head on the 26th of July last for St. Augustine and Tortugas, where she took in a detachment of the 7th New Hampshire, which had been left sick there in June. The Delaware returned by way of Key West, which place she left on the 14th of August, and arrived at Hilton Head on the 26th of the same month.

Assistant Surgeon Cornick, who was a passenger, had been much exposed to yellow fever, and was taken sick at Tortugas, with what he supposed to be a mild attack of that disease, but he had entirely recovered before he arrived here, and no other case existed on board. The steamer was subjected to a quarantine of twelve days, at the end of which time Surgeon Dalton, who was also a passenger, said that there was no case of yellow fever on board.

On the 8th of September her quarantine expired, and she immediately landed several persons who were sick on board, and lay for



about twelve hours at the end of the Long Wharf, but she did not otherwise communicate with this station. She then proceeded to Seabrook, some five miles distant from Hilton Head, took in coal, and departed thence for the North. Some of the sick persons landed were sent directly to the hospital, without stopping at any other place on shore; others did not come into the hospital till four days afterwards.

#### PATIENTS ADMITTED.

As there had been previously no indications of the existence of yellow fever on this Island, and as no alarm whatever in relation to that disease existed, the surgeon immediately in attendance did not at first recognize its true character. He treated it as an ordinary bilious fever of a mild type. The death of one of the patients, however, who afterwards put on the yellow and mottled appearance so characteristic of the disease, together with the discovery of black vomit in the stomach at the *post mortem*, presented the true condition of things in unmistakable characters. As soon as the true nature of the disease was discovered, all the patients who were known to have been received from the same source were separated from the others and placed in a ward by themselves. They were then carefully treated on ordinary principles, and apparently with some success and abatement of urgent symptoms, but black vomit soon after appeared amongst them, and the disease speedily carried away all who were attacked by it.

One of the patients mentioned above, who was not attacked by black vomit, had the sallow appearance and peculiar physiognomy incidental to yellow fever, with bleeding at the gums. He had escaped black vomit, but had been attacked by symptoms which might have been mistaken for scurvy. I have witnessed the same result in some other cases. He was directed to have beef-tea and other nourishing and easily-digested food, with alcoholic and other stimulants, also astringent gargles, and in a short time he was restored to reasonable health, though he did not speedily regain his full strength.

About this time, a patient was admitted from the New York 47th, which lay encamped within the entrenchments at Hilton Head, who, it was said, had been some days sick, and the disease appeared to be obscure. He had vomiting and purging, and I prescribed for him the remedies usual in such cases. The appearance of black vomit, however, revealed to me the real nature of the disease, and he died within twenty-four hours afterwards. It did not appear that he had had any communication with the Delaware, or any person connected with it, previous to his admission into the hospital.

All the cases above referred to amounted to eleven in number, of whom nine died and two recovered. Of these, four were admitted on the 8th, three on the 12th, two on the 14th, one on the 16th, and one on the 17th of September, as will be seen by reference to the following table.

*List of Patients admitted into the Hospital, Hilton Head, Port Royal, S. C., in September, October and November, 1862.*

NAMES.	RANK.	REGIMENT.	CO.	ADMITTED.	REMARKS.
C. B. Kimball,	Private.	7th N. H.	H.	Sept. 8th.	Died Sept. 15th, 1862.
D. K. Ripley,	"	"	C.	"	" " 9th, "
George Sweetner,	"	"	B.	"	" " 12th, "
R. Schofield,	"	47th N. Y.	K.	"	Ret'd to duty Oct. 3d, '62.
Morris Winn,	"	7th N. H.	B.	Sept. 12th.	Died Sept. 18th, 1862.
Timothy Schoener,	"	"	G.	"	Ret'd to duty Oct. 29, '62.
Patrick Burns,	"	"	G.	"	Died Sept. 14th, 1862.
Henry Oliver,	"	"	I.	Sept. 14th.	" " 15th, "
Horace Benton,	"	"	K.	"	" " " "
Charles Stearns,	"	"	H.	Sept. 16th.	" " 17th, "
James McKee,	Serg't.	47th N. Y.	F.	Sept. 17th.	" " 19th, "
John Lowney,	Civilian.	"	"	Oct. 9th.	" Oct. 10th, "
S. P. McKinstry,	Private.	47th N. Y.	E.	Oct. 10th.	" " 13th, "
John Hayes,	"	Qu. M. Dep't.	"	"	Ret'd to duty, Oct. 20, '62.
Patrick Barker,	"	"	"	"	" " " 23, '62.
Henry McKuskee,	"	"	"	"	" " " " "
Jos. H. Knowlton,	"	"	"	"	" " " 24, "
Thomas Hogue,	"	"	"	"	" " " 20, "
John M. Poulston,	"	"	"	"	" " " " "
James Wright,	Private.	97th Penn.	D.	" 22d.	Died Oct. 23d, 1862.
John Williams,	Civilian.	"	"	"	Ret'd to duty Oct. 23, '62.
Nicholas Carstens,	"	"	"	" 24th.	Died Oct. 29th, 1862.
W. F. Fahenstock,	Private.	76th Penn.	E.	" 25th.	Ret'd to duty Oct. 29, '62.
J. G. Huggins,	"	97th Penn.	E.	" 26th.	Died Nov. 1st, 1862.
James Welsh,	Civilian.	"	"	"	Ret'd to duty Nov. 5, '62.
Charles King,	"	"	"	" 27th.	" " Oct. 29, '62.
Archie C. Towne,	Private.	1st. Ms. Cav.	D.	" 29th.	Died Nov. 5th, 1862.
H. Cashman,	Civilian.	"	"	"	Ret'd to duty, Oct. 31, '62.
Abner Macartney,	Private.	97th Penn.	F.	" 31st.	Died Nov. 1st, 1862.
Sketchly Morton,	Lieut.	97th Penn.	I.	"	" " 12th, "
Wm. D. Burkhart,	Private.	76th Penn.	F.	Nov. 3d.	Ret'd to duty Nov. 20, '62.
John Blake,	Captain.	9th Maine.	C.	" 5th.	Died Nov. 9th, 1862.
Henry Welsh,	Private.	3d R. I.	H.	" 6th.	" " " "
Samuel Miles,	"	97th Penn.	B.	" 7th.	Ret'd to duty Nov. 19, '62.
Fred. A. Gould,	Civilian.	"	"	" 10th.	Died Nov. 13th, 1862.
George A. Cottrell,	"	"	"	"	Ret'd to duty Nov. 20, '62.
William Wood,	Private.	N. Y. V. Eng.	I.	"	Died Nov. 13th, 1862.

## SUBSIDENCE OF THE DISEASE.

After the cases beforementioned there was no suspicious case admitted into the hospital, and no death occurred which could be attributed to yellow fever for a long time, and we began to think that the disease had been brought here by the Delaware, and that it had departed after having spent itself on the persons already infected before they came on shore. We flattered ourselves with the idea that they had contracted the disease at Tortugas or Key West, and that it had died out without leaving any successors to continue or propagate the disease here. In this hope, however, we were disappointed.

## REAPPEARANCE OF THE DISEASE.

On the evening of the 9th of October, twenty-two days after the admission of the last of the cases to which I have before referred, a patient was brought into one of the wards under my care a little after dark, from the Quartermaster's Department. I examined him by candle-light, and found that his eyes were deeply congested, his face bloated and red, his stomach irritated, with tenderness of the epigastrium. He had nausea, with efforts to vomit, and complained of headache, especially of the forehead above the eyes. He informed

me that his bowels had been constipated for several days. His pulse was about 90, and rather small. As he was brought in accompanied by three other persons, all of whom appeared to have been drinking freely, I concluded that they had all been drinking together for three or four days, and that the symptoms observed were chiefly indicative of that fact. I accordingly prescribed for him aq. camph. to allay the irritability of the stomach, and directed that pil. cath. comp. No. iij. should be given to him as soon as there was a reasonable probability that he could retain them. A large sinapism was also applied over the epigastrium. This was about 7 o'clock in the evening. The next morning about 7 o'clock, or twelve hours afterwards, I was called to see him. I found that in the night he had been attacked with vomiting, which, on examination, proved to be black vomit, that about two quarts had been thrown up, and that he was then *in articulo mortis*. After death the yellow and ecchymosed condition of the skin, especially about the head and neck, removed all doubt, and showed clearly the true character and nature of the disease.

The last-mentioned patient, as has been already stated, was admitted on the 9th, and died on the morning of the 10th, about twelve hours after he was brought to the hospital. On the same morning shortly after his death, another man *walked* into the hospital. I met him on the corridor, and thought he had come in on some business. He also was from the Quartermaster's Department. He was admitted into one of the wards under my care. He had the symptoms of a slight attack of bilious fever, but complained of nothing in particular. He had scarcely any fever, and seemed rather to be weary than sick. I prescribed for him such remedies as I thought appropriate, and saw him frequently, but he gradually grew worse, delirium and black vomit came on, and notwithstanding all our efforts he died forty-eight hours after he had walked into the hospital.

The occurrence of two decided and strongly-marked cases of yellow fever, in men of the Quartermaster's Department, both of whom had been at work in the same neighborhood near General Mitchell's head-quarters, impressed us with the unwelcome fact that there was a centre of infection near the place, and that whether it had sprung up from the remnants of the disease left by the Delaware or not, or whether it was of spontaneous production, it had now become naturalized amongst us. This impression amounted to a certainty when soon afterwards six more cases were presented for admission, all engaged in the same employment and from the same locality.

From the 10th to the 22d of October, there were no new applications for the admission of yellow fever cases into the hospital, and we began again to hope that the disease had become extinct. But in this we were again disappointed, for from the latter date to the end of the month there was almost daily a succession of new cases.

During the last week in October we also heard of a considerable number of cases which did not enter the hospital. It was during this week that the lamented General Mitchell, who had, without doubt, contracted the disease at Hilton Head, went up to Beaufort to die.

#### DECLINE OF THE DISEASE.

After the 1st of November the number of cases gradually diminished, and after the 10th they ceased altogether; the weather, from about October 25th, having become much cooler. The character of the cases, however, in November, was not less severe than those previously admitted; on the contrary, some of the most malignant cases occurred during that period. By some authors it has been stated that towards the close of epidemic yellow fever the cases become much milder. This does not correspond with our experience, as some of the last of our cases were amongst the worst.

Throughout the yellow fever districts of the South, the appearance of the first frosts is looked for with great anxiety, as there is an absolute certainty that it will bring the disease to a close for that season. Our experience here affords a clear proof of the correctness of that observation. The first frosts took place on the 7th, 8th and 9th of November, and by reference to the table it will be seen that the last cases were admitted to the hospital on the 10th of that month. It is quite probable that these patients had been sick, as is most usually the case, for two or three days before admission, or at least that the stage of incubation was too far advanced to be destroyed by the change in the condition of the atmosphere.

#### TREATMENT.

I have already referred incidentally to the treatment of some of the cases; but it may be proper that I should make some further remarks on this part of the subject.

There are two modes of treating yellow fever in the regions where it chiefly prevails, each of which has its advocates. The first is the method practised in the West Indies, chiefly amongst the French inhabitants. It consists of treating the disease by mild measures, and by remedies applicable to the treatment of all fevers, and trusting rather to the recuperative energies of the system after the removal of noxious matters than to any active interference. In the first stage a small bleeding perhaps, mild diaphoretics with demulcent beverages; slight purgatives, fomentations to the abdomen, a few leeches to the epigastrium, with the warm bath, and, in the more advanced stages, the preparations of bark, the mineral acids and other mild tonics.

The other mode of treating yellow fever is more specific in its character. It consists mainly in the exhibition of very large doses of quinine and calomel frequently repeated. On these the chief reliance is placed, while at the same time no means are neglected to excite the action of the emunctorics, so that the morbid matters

may be carried off through the skin and kidneys. Stimulants freely administered, with nourishing and easily digested food, complete the routine of the treatment.

I have before stated that a number of the yellow fever patients which were first brought into the hospital, as soon as the true nature of their disease was discovered, were collected into one ward and carefully treated on general principles, not quite so mildly as by the French West India method, but still not approaching the specific and energetic course above described. This plan of treatment having been attended with little success in the cases referred to, it was determined to try, in future, the more active and specific treatment recommended by Dr. Fenner of New Orleans and other eminent Southern practitioners, as well as by Dr. Cummins and other British surgeons who have had much experience in the management of yellow fever cases in the West India Islands. When, therefore, the patients presented after the 9th of October were admitted, we were prepared to receive them, and each one of them was subjected to the following formula. The feet were placed in a bucket of water just as hot as it could be borne, and a sufficient quantity of mustard added to make it almost as strong as a mustard plaster. After bathing the feet for twenty-five or thirty minutes, that is, as long as it could be borne, the patient was placed in bed and covered with three or four blankets; twenty grains of quinine and the same number of grains of calomel were given to him at one dose, with a teaspoonful of spirits of nitre, and a large sinapism was applied to the epigastrium. The blankets were permitted to remain for three or four hours, and then were gradually removed. The sinapism was permitted to remain as long as it could be borne, and until it had made a decided impression. The dose of calomel was repeated every three hours, and a teaspoonful of spirits of nitre as frequently. To those who vomited excessively, a mixture containing two drops of creasote to each dose was given every half hour or hour, according to circumstances. All the patients admitted in the month of October, after the 9th, were treated according to this formula, with such additions and deviations as were indicated in each individual case. The success of this mode of treatment will be shown by the table which accompanies this. Most of them were constipated when admitted, and continued so during the treatment, requiring active cathartics for the purpose of relieving that condition.

Though the full doses of quinine and calomel were continued every three hours for two days and then gradually diminished, and continued three or four days longer, only one of the six patients exhibited any specific action of the calomel, and that one but very slightly.

It is also proper to remark, that all these cases came into the hospital early in the progress of the disease, and that though most of them on their convalescence showed very decided evidence that they had had this disease, by yellowness of the skin, and one of them by

bleeding at the gums, yet they must be considered altogether as mild cases.

#### CASES REPORTED.

In the foregoing remarks I have referred incidentally only to the treatment; but as it may be more satisfactory to go a little into detail, I shall do so by giving a particular account of some of the cases which have passed under my observation.

Captain John Blake, 9th Maine, Co. C, was admitted into the hospital November 5th, about 3 o'clock in the afternoon. Told me he had come up from St. Augustine about two weeks previously, and that he had lived, since his arrival, at the Port Royal Hotel. He said he had been taken sick about three days before he came to the hospital; that he was first taken with a chill, and then had fever, but that the fever had subsided; that at first his bowels were constipated, and that he had taken a dose of cathartic pills which then operated freely.

When he came first to the hospital he complained chiefly of chilliness and severe headache, especially over the eyes; had also pain in the back, particularly low down near the sacrum; complained also of great weight and extreme tenderness of the epigastrium, the least pressure giving him pain. The abdomen also was tender on pressure, as well as the region of the bladder. He had difficulty of urinating freely. The bowels were constipated, not having been moved for two days past. Tongue clear, and looked natural. The pulse did not indicate febrile action, but was small, and not more rapid than in health.

*Treatment.*—The chilliness of which he complained being severe, gave him brandy punch freely to create reaction. Applied a very large sinapism over the stomach and bowels. Ice water to the head, to be continued till the headache should be relieved. Flannels wrung out of hot water to be applied over the pubic region, and to be continued till the urine flows freely. Covered him up with three or four heavy blankets. Directed him to have a teaspoonful of spiritus æth. nitr., and gave him pil. cath. comp. No. iij. to act on the bowels.

November 6th, morning. Bowels had been disturbed three or four times during the night. Dark-green-looking evacuations. Urine had flowed freely after the hot water appliances to the pubes. Headache and pain in the back much diminished; chilliness, however, still continues. Had perspired very little, if any. Directed his feet and hands to be immersed in water as hot as it could be borne, to which a large quantity of mustard had been added, and to remain as long as he could bear it. Prescribed quin. sulph. and calomel, each grs. xx., to be given at once, and repeated every two hours. Brandy punch and beef tea to be given freely.

12 o'clock, M., became very thirsty, and drank ice water freely. Again applied sinapism over the stomach and bowels, and directed it to remain as long as he could bear it. Continue all the remedies.

3 o'clock, P. M. About this time nausea came on, followed by vomiting. Bilious in appearance at first, but soon afterwards it was mixed with a few dark flakes. All the treatment continued.

November 7th, morning. Appeared to be much better. Head-ache nearly gone. Chilliness also has disappeared, and natural warmth seems to have returned. Nausea much relieved, and no vomiting. Bowels in good condition, evacuations appearing natural. Urine flowed freely, and apparently in sufficient quantity. Treatment continued as before.

November 8th, morning. Had vomited somewhat during the night. At about 2 o'clock this morning, dark flakes appeared amongst the matter thrown up. At about 8 o'clock, decided black vomit came on. Previous to this time, the black vomit was small in quantity, but now much increased, and large quantities were thrown up. The skin, which before this time had been but little affected, now became deeply tinged with the peculiarly yellow color so characteristic of the disease.

November 9th, morning. The patient continued to throw up large quantities of black vomit till about 4 o'clock this morning, when he expired. No post-mortem examination was made.

It will be observed that the most marked feature in this case is the delusive appearance of amendment just before the black vomit came on, and which very frequently, though not always, precedes that almost certainly fatal indication.

Henry Welsh, private, 3d Rhode Island, Co. H, was admitted into the hospital November 6th, 1862, about 9 o'clock, A. M. He appeared to be robust, and well formed. Had generally enjoyed good health. Had been working at the United States Bakery, and had been up at night for two or three months. He stated that he had been sick for four or five days, but had had no particular treatment. Complained of severe headache, especially of the forehead over the eyes, and had slight bleeding of the nose. Eyes congested and slightly yellow. Severe pain in the back and under the left shoulder. Complained also of weight and great præcordial oppression, with soreness and tenderness of the epigastrium on pressure. Constant nausea, and efforts to vomit frequently. Urine passed not without some effort. Bowels constipated. Pulse 100, small, and feeble. Had moaning and great general distress. Complained of feeling cold.

*Treatment.*—November 6th. Immediately on being admitted, his feet and arms to the elbows were immersed in water, as hot as it could be borne, with a large quantity of mustard added, where they remained until the mustard made a strong impression. He was then placed in bed, and covered with three or four blankets. As nausea and retching were the most distressing symptoms, I prescribed the following mixture:—℞. Soda bicarb., 3 ij.; spts. lav. comp., f ʒ ss.; syrup. simpl., f ʒ i.; aq. camph., f ʒ ijss. M. S., coch. mag. p. r. n., in the hope of relieving it. Hot brandy punch was

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given to him freely, as he complained of being cold, for the purpose of bringing on reaction. As the urine did not flow freely, and appeared to be deficient in quantity, I directed spirits æth. nitr. f 3 j. to be given to him every three hours, with hot applications over the abdomen and pubis, and ol. tereb. gtt. x. to be given *ter die*. A large sinapism also was applied over the epigastrium, and permitted to remain till it had produced a decided impression. The main dependence, however, was placed on the following: *R.* quin. sulph., hydrarg. nitr., aa 3 j. *M.* Ft. chart. No. iij. s., one to be given every two hours. The patient did not perspire freely. Vomited a little bilious matter, mixed with ingesta, during the day. Directed brandy milk punch, hot, to be given freely.

November 7th, morning. Had passed a very uneasy night. Much moaning and general distress. The sinapism again applied to the epigastrium. The powders of quinine and calomel to be continued every three hours. The spirits æth. nitr. and ol. tereb. also to be continued same as yesterday. Still has pain and distress about the region of the stomach and bowels. General distress rather increased. About 6 o'clock, P. M., singultus came on very severely. Gave him spirits æth. sulph. comp. f 3 j., every half hour, with very little advantage. Continued to vomit more or less till 8 o'clock, P. M., when black vomit made its appearance, at first in small quantity, but soon increased greatly. Singultus frightfully severe, shaking the whole bed and creating great distress. Directed the following mixture to meet these symptoms. *R.* Mucil. aca., f 3 ij.; liq. morph. sulph., f 3 ss.; chlorof. f 3 j. *M.* s. A teaspoonful, p. r. n. This mixture succeeded perfectly, and there was no more trouble with that symptom during the subsequent treatment. About midnight the black vomit set in, with more severity and frequency. Continued all the remedies above mentioned.

November 8th, morning. The black vomit still continues very copiously. All the vessels were filled with it, unmixed with other matters. The floor on both sides of his bed was covered with puddles of it, and his own and the adjoining beds were saturated with it. Black vomit still pouring from his mouth in streams. He died vomiting, about 3 o'clock in the afternoon of this day. It was computed that the clear black vomit which had been thrown up during the last twenty-four hours had amounted to not less than three gallons. After death the skin became more yellow and mottled.

*Autopsy*, fifteen hours after death. General appearance, robust and well developed. Black vomit from mouth and nose. *Skin* yellow, with bluish spots, especially about the head and neck. *Lungs* engorged and congested; melanotic appearance; emphysematous, probably owing to position. *Liver* enlarged; under surface of right and left lobes softened. Capsules easily torn off. Gall-bladder nearly empty; bluish slate color; tissue softened and changed, yellowish; bile blackened and thickened. *Spleen* natural in size; bluish slate color; under surface engorged. *Stomach*—mucous mem-



brane softened and destroyed, being easily peeled off; black vomit in it; complete change in appearance of membrane. Black vomit was found in every part of the intestines, both small and large, and the mucous membrane everywhere was disorganized, and easily peeled off. The contents of the colon were not quite so dark in color as those of the stomach and small intestines.

The above-described case was decidedly the most malignant of any treated in this hospital, and it is not easy to conceive of anything of the kind more frightfully characteristic of this most terrible of diseases.

#### DEATH OF GEN. MITCHELL.

The following report of the last illness and death of General Mitchell, has been kindly furnished to me by his attending surgeon.

"Major-General Mitchell and Staff left Hilton Head Saturday, Oct. 25th, at 3 o'clock, P.M., for Beaufort, S. C., where they arrived at 4½ o'clock. The General seemed much troubled in consequence of the effect which he feared would be produced upon the Department by the sickness of his Staff and his sudden move from Headquarters. He remarked, 'the morale of the Department being gone, all is lost.' His care and extreme anxiety for his sons and the other members of his Staff, together with the care of the Department, created a state of depression which, no doubt, acted very unfavorably upon him during his sickness. He continued comparatively well, however, till Sunday night, October 26th, at which time he was attacked with a chill. October 27th, at 8 o'clock, A.M., I found him with high fever. Pulse 120. Skin peculiarly pungent, hot and dry. Intense supra-orbital pain. Violent pain in back, at junction of sacrum with lower lumbar vertebra. Eyes injected, as if just awakened. Face flushed. Edges and tip of tongue scarlet. Fleeting sensations of cold along the spine.

"I prescribed a mustard bath; pulv. ipecac., 3 ss. Emesis soon occurred, producing free perspiration. Ginger tea; gum-water, with spts. æther. nitr. *ad libitum*; bottles of hot water to feet; iced water to head.

"2 o'clock, P.M.—Patient is perspiring; pulse 110. Ordered quin. sulph., 3 i.; also, tinct. verat. viridis gtt. v. every two hours. Iced gum-water and ginger tea continued.

"8 o'clock, P.M.—Patient is perspiring gently; pulse 100; pain in head and back much less. Prescribed fl. ext. sennæ, fl. ext. rhei, aa 3 i.; ol. tereb., gtt. x., m., every four hours during the night.

"Oct. 28th, 8 o'clock, A.M.—Patient rested well during the night; takes thin gruel with a relish. Pulse 90; pain in head and back almost entirely gone. Prescribed quin. sulph., 3 i. Drinks continued.

"12 o'clock, M.—Patient seems much more comfortable; has had one dejection; kidneys act well; takes nourishment freely; pulse 85.

"2 o'clock, P.M.—Patient much worse. After my visit at 12 o'clock, he ordered his bed changed, got up, was attacked with a chill, followed by high fever; pulse 120; extremely restless, and

complained of great uneasiness in epigastric region. Prescribed mustard bath, sinapisms, and other measures to promote perspiration, but without any permanent effect, as he refused to take medicine, or even to remain in bed.

"6 o'clock, P.M.—Patient is suffering very much from nausea and vomiting; pulse 100, becoming quite feeble. Prescribed brandy, champagne, and other stimulants, as freely as he would take them.

"Oct. 29th, 6 o'clock, A.M.—Had remained with patient all night; rested but little; nausea and vomiting continued. Epigastrium having been blistered, patient could not longer bear the mustard. Iced drinks and stimulants freely taken. Mucilage gum. acaciæ 3 i., creasoti gtt. i., m., given every hour for a time; also, spts. ammon. acet., none of which seemed to check the nausea. Urine entirely suppressed.

"9 o'clock, A.M.—Patient says he feels more comfortable; pulse 65, and gradually becoming slower and weaker; vomiting continues at longer intervals.

"12 o'clock, M.—Patient continues to sink; takes stimulants freely.

"8 o'clock, P.M.—Patient continues about the same; has vomited but twice since 12 o'clock.

"Oct. 30th, 9 o'clock, A.M.—Surgeon Crane, Medical Director, stopped with patient during the night. He has failed rapidly since my last visit. Asked for writing materials, and dictated his will, after which he said, 'The struggle of death has passed—God has called me, and I cheerfully obey the summons.' Patient is now extremely restless and constantly sighing, the usual precursor of black vomit.

"10 o'clock, A.M.—Black vomit by patient has just commenced; has voided one drachm of thick, oily-looking urine.

"12 o'clock, M.—Patient has thrown up quite an amount of black vomit since 10 o'clock; pulse just perceptible at wrist. Is now *in articulo mortis*. The body is rapidly assuming the characteristic lemon-colored appearance. Petechiæ and vibices, so common in grave cases of yellow fever, are appearing. The tongue is protruded with much difficulty. Hands and arms move without control of the will. Signs of uræmic poisoning are now strongly marked. Squinting of the eyes, and pupils very much contracted. Partial delirium. Spasmodic contraction of the muscles, &c., until 6 o'clock and 15 minutes, when he died. No *post mortem* was made.

"*Remarks.*—The question may arise, why was not mercury used in this case? I answer, my experience in two severe epidemics of yellow fever has been against the use of that medicine. No medicine, however powerful, can affect the secretion of the liver in a grave case of the disease. Some surgeons advocate the use of large doses of calomel and quinine. I have every confidence in large doses of the latter, but mercury, in my opinion, has a tendency to produce that peculiar state of the blood which we are so anxious to

prevent. The secretion of the skin must be promoted in all grave cases of yellow fever, or the patient must die. The poison circulating in the system cannot be neutralized, and must be eliminated. In my opinion, neither the liver nor kidneys can be affected by medicines unless the secretion of the skin be first promoted, without which the patient must die of uræmic poisoning.

"In the epidemic of 1857 in Jacksonville, Florida, almost every patient under the usual treatment of mercury and quinine died, whereas almost all recovered after the practice of first promoting and then continuing the secretion of the skin was adopted. Indeed, this is the only process by which the poison can be eliminated from the system, and there is no more efficient sudorific than a large dose of quinine—say from one to two drachms, which I have frequently given.

"I am of opinion that had General Mitchell remained in bed and kept the skin in good condition, he would without doubt have recovered. His improvement after the first twelve hours was not the delusive change caused by uræmic poisoning, which usually precedes the outburst of black vomit. His fever had almost disappeared, and the liver and kidneys were beginning to perform their healthy function—a condition of things which never exists in the apparent improvement above mentioned.

"How this poison is so abundantly and quickly produced, is still amongst the mysteries of yellow fever; but that it exists, and is one of the most fatal symptoms, is beyond question.

J. D. MITCHELL, *Surg. 8th Me. Vols.*,

"To THOS. T. SMILEY, M.D., U. S. }  
Gen. Hospital, Hilton Head, }

In charge of General Mitchell and Staff."

"Beaufort, S. C., Nov. 28th, 1862.

I feel much inclined to concur with Surgeon Mitchell in his views as above expressed in relation to the use of calomel in yellow fever. If not absolutely injurious, it does not appear to me to have been productive of any good in the cases I have treated. Certain it is that the progress of the disease is much too rapid to permit the specific effects of mercury to take place in time, even supposing its tendency to be beneficial.

#### DIFFICULTY OF DIAGNOSIS.

I have several times referred to the fact that the true nature and character of the disease, when some of the patients were first brought in, were not immediately recognized. It is quite probable that this arose in part from our want of experience in treating it. It may be proper, however, to state that physicians of the largest experience have reported that there is generally great difficulty in the diagnosis in the early stages, before black vomit has commenced. The yellow color of the skin, which is so characteristic, especially after death, does not make its appearance in many cases at all before black vomit has set in, or convalescence has commenced in cases which recover. All the authors who have written on the yellow fe-

ver speak of this difficulty. In the first place, all fevers have in their commencement so much in common, that it is extremely difficult to say for a short time what particular form of disease is about to make its appearance. In yellow fever there is this further difficulty, that the fever is generally very slight, and frequently, after the first stage is over, subsides almost entirely. Again, in the early stages the appearance of a yellow fever patient often so closely resembles that of a man who has been drinking freely, that it would be extremely difficult always to distinguish between them. Dr. Cummins, Surgeon in the British Navy, says: "It is nearly impossible to distinguish between the morning effects of a night's debauch and the fever. The best way is to treat all cases which exhibit symptoms of congestion as I have recommended for cutting short yellow fever, and a few hours will decide whether it is the drunkenness of the disease or of rum, and sixty or seventy grains of quinine will do the latter no harm, and the calomel still less, for it rarely salivates in large doses followed by castor oil." Dr. E. D. Fenner, also, in his valuable remarks on the yellow fever in New Orleans, makes the following emphatic statement: "Physicians may say what they please about their being able to distinguish a case of yellow fever as soon as they examine it. We do not believe it possible, according to their ideas. Rarely does a summer pass in which we do not hear of some intelligent and experienced practitioner being perfectly astonished at seeing what he had pronounced a case of intermittent or remittent bilious fever terminate in black vomit or other hæmorrhage." It should excite no surprise, therefore, that we should not have possessed the power to do or the skill to distinguish that which physicians who have spent a great part of their lives in treating the disease have been unable to accomplish.

#### HOW WAS THE DISEASE TRANSMITTED ?

That the poison which is capable of producing the yellow fever can be carried in the hold of a vessel, and can in that way be transferred to another ship or transmitted to another country, admits of no question. The proofs of such cases are too numerous and overwhelming to admit of a doubt. It is quite probable that it never appears spontaneously in any of our northern cities. In numerous instances when the disease has appeared there, it has been preceded by the arrival of one or more ships from some port where the yellow fever then prevailed. The vessel, enclosing in her hold the virus which engenders the disease, arrives at some northern city, and the temperature and other circumstances being favorable, it commences to diffuse itself, and in some unknown manner, possibly resembling the action of leaven, forms a new centre of infection, from which the disease begins again to spread. In the application of this principle to the case before us, the question presents itself whether the outbreak of the yellow fever on the 9th of October, in the Quartermaster's building, was the continuance of the disease

brought by the Delaware, or whether it was of spontaneous production, arising from the hygienic condition of that locality and other places in the immediate neighborhood of the Union Square.

#### UNION SQUARE.

Let us now examine the plan of that part of Hilton Head near the Long Wharf, where the Delaware arrived on the 8th of September, immediately after her release from Quarantine, and remained for about twelve hours.

Commencing on the extreme end of the Long Wharf and proceeding on shore, we find, immediately on reaching the end of the wharf, on the right hand, the road, which runs close along the water's edge to the General Headquarters, first passing by the side of the Commissary Building, and then by the Staff Officers' Quarters. Proceeding further directly from off the Long Wharf, we find, on the left hand, General Terry's Headquarters, and on the right the Commissary Store, and, immediately adjoining, the long range of the Quartermaster's Building, in the extreme further end of which the yellow fever first made its appearance, thirty-one days after the Delaware had left the end of the Long Wharf, and twenty-two days after the last one of that class of cases which undoubtedly originated from that vessel had been admitted into the hospital. It will be found that the previous history of this locality is of some importance.

I have been informed by Capt. Ganettson, U.S.V., Depot Quartermaster, that the place where the Quartermaster's Building now stands, and the adjoining neighborhood, with a large portion of what is now the Union Square, was, when the United States forces captured Hilton Head, on the 7th of November, 1861, a swamp; and not only a swamp, but also the place into which the secessionists, who before occupied the Fort and its vicinity, had cast all their dead animals, filth and offal of every kind; that a portion of it also was covered by a dense growth of weeds and bushes. When the Union forces commenced the putting up of buildings there, they removed none of the filth, neither animal nor vegetable, but merely beat down the weeds and bushes, carted in sand upon it, and covered it all over a foot or two in depth. They then erected the building, and laid the floor directly on the sand which covered the filth at a slight depth below, without the shadow of a sleeper or anything to elevate the floor. It was amongst the persons who worked in this building, and whose sleeping place was directly over the worst part of this deposit, that the disease broke out, thirty-one days after the Delaware had departed, and from which all those who were admitted into the hospital on the 9th and 10th of October were received, one only excepted.

Commencing again, let us begin with the General Headquarters where General Mitchell then resided. These headquarters stand very near the bay, elevated only a little above high water mark, and at a very short distance on the right hand is Battery Hunter, which

has been erected near to, or rather partly in the edge of the swamp. In making this fortification, the ground being most solid on the side next to the headquarters was dug out and thrown up, leaving a ditch, which was, at the time General Mitchell resided there, and is now, the greater part of the time, full of stagnant water. This ditch extends up to, and in the rear of the hotel. The hotel, which also stands mainly over the ditch I have mentioned, has in front of it nearly the same kind of substratum as I have described at the Quartermaster's building, and has some advantage by the elevation of the floors from off the ground; but the rear extends almost into the swamp which is marked on the map. The Post Master's house and the Post Office appear to have been erected on ground a little more solid than I have described, but immediately beyond Adams's Express Office and to the right of the stables the swamp extended originally nearly up to where the stables stand, but has now been filled in with stable manure and every sort of similar deposits almost up to the creek, so that but little of the swamp in that place remains in its original condition. The stable manure here deposited has recently been covered over slightly with sand. The creek itself is a foul receptacle, filled with decayed vegetable matter, into which the tide flows, and affording a good habitation for alligators, some of which are ten feet long. At high water the creek flows up over a considerable portion of the plot I have just described, and at low water a great portion of that plot is laid bare, and the mud and decayed animal and vegetable matter exposed to the penetrating rays of an almost vertical sun. If the fermenting theory be correct, there could not have been found a locality the condition of which was better adapted to receive the virus than the one under consideration.

On comparing the description of this locality with the map, without any previous knowledge of what occurred there, it would not have been difficult to have anticipated that sickness of some kind must result; and the yellow fever actually broke out where disease and death might have been expected. I have already mentioned the cases which were sent to the hospital from the Quartermaster's building, which is not more than two hundred feet from General Mitchell's Headquarters. The road along the shore leading from the Long Wharf to General Mitchell's Headquarters was seldom used; but the General and all the members of his staff, as well as visitors, always went from the main entrance and passed around and close to the corner of the Quartermaster's building, immediately in contact with the locality where the outbreak of yellow fever, to which I have referred, of the 9th and 10th of October had occurred, and over the ground where all the filthiness I have described lay buried at a slight depth below. It should excite no astonishment, therefore, that General Mitchell and nearly every member of his staff should have sickened, and that he and several members of his staff should have died, or that Colonel Brown of the Third Rhode Island, and other military officers who visited him at his

headquarters, should have shared the same fate. Is it at all surprising that the Port Royal Hotel should have contributed a large quota for sickness and death? Is it surprising that Adams's Express Office and the stables beyond it, should have contributed some of the worst cases which were sent to the hospital?

That the U. S. Steamer Delaware brought the disease from Key West, where it prevailed when she left that port, and that the cases brought to this hospital during the month of September originated on board of that vessel, there can be no doubt, as all except one of them can be traced directly to that source; but whether the reappearance of the disease when it broke out in the Quartermaster's building, on the 9th and 10th of October, and the subsequent spread of the disease in that neighborhood, originated from the virus left by the Delaware, or whether it was of spontaneous production arising from the causes which I have mentioned, I shall not attempt to determine. I have presented the facts as accurately as I could obtain them, and I leave each of your readers to decide for himself.

#### PATHOLOGY.

I have said that it is not my design to write a treatise on yellow fever, and I do not intend now to deviate from that intention. There are one or two points, however, on which I cannot refrain from offering a few brief remarks.

The cause, or presumed cause, which gives rise to the first inception of yellow fever, I have already referred to—that is, the decomposition of some kind of vegetable matter mixed with an animal ingredient, under circumstances of prolonged high temperature and other conditions favorable to the development of that peculiar poison; but the exact pathological condition which exists when the fever sets in, when the yellowness of the skin takes place, when the black vomit commences, when death ensues, is enveloped in much of mystery.

What is the pathological condition which produces the peculiar and unique yellow, orange or lemon color of the skin? I know of no attempt to answer that question. In fact, the yellowness of the skin, except as a symptom, has been quite neglected by those who have written about the disease, and so far as I know no attempt has been made to show what it is that produces this peculiar color, or the pathological condition which precedes it. When we ask this question, we shall doubtless be told that it arises from a deranged condition of the liver; but in what this deranged condition consists, we shall not be told. In two cases which I have examined post mortem, the liver has been deeply engorged, but several accurate observers have reported that it has not unfrequently been found in a shrivelled and bloodless condition. If it were otherwise, it would not prove that this color of the skin is produced by that condition of the liver, as the appearance of the skin in no way approximates to that which we see in jaundice, when the bile is diffused in the

blood, and in that way supplies the coloring matter which gives that peculiar tinge to the skin. Does, then, the peculiar color of the skin in yellow fever arise from the bile diffused in the blood? I do not think that it does. In my opinion the matter which colors the skin is in the circulation without reference to the liver, and is the product of the peculiar poison on which the disease depends.

The sensible properties of black vomit have been often described. When recently discharged from the stomach, it appears like a uniform or homogenous fluid, which, on standing, separates into a dark-colored flaky matter which subsides, and a nearly transparent supernatant fluid, but which has a slightly yellowish appearance. This separation takes place soon after it is thrown up, and if kept in an air-tight vessel it undergoes no further change. It is said to be nearly tasteless or acid. This description, however, gives no explanation of its origin, and the question still recurs, What is black vomit? This question is constantly repeated, but the echo as frequently dies away without any satisfactory response. Dr. Fenner calls it a "hæmorrhage;" but if so, the word must have been used in some latitudinarian sense not usual amongst physicians and unsupported by its derivation.

Professor Wood has expressed it as his opinion that black vomit is blood somewhat altered by its passage through the epithelium. What permits or compels the blood to be somewhat altered in passing through the epithelium, he does not tell us. If the learned Professor had ever seen black vomit, he would not have called it blood somewhat altered. Blood somewhat altered is no longer blood: but black vomit is not blood somewhat altered; it is totally, entirely altered, and it seems to me that those who give it the name of blood at all, in any kind of sense, however qualified, are evidently wrong, as its sensible properties in no way sustain them. If it be argued, as some have done, that it is secreted from the blood, that is abandoning the whole ground, and is quite another matter; for mucus, pus, urine, milk, &c., are secreted from the blood, but nobody ever thinks of calling either of them blood somewhat altered. The microscopic observations of Dr. Reese on black vomit, by which he discovered numerous animalculæ in it, revealed no blood corpuscles. Dr. Hassall, also, in his microscopic observations on the black vomit, in which he found, amongst other matters, "the ramose sporules of a fungus," discovered no blood corpuscles. Can any substance which possesses none of the sensible properties of blood, and contains no blood corpuscles, be properly called blood, or even blood somewhat altered? If black vomit, then, be neither blood nor blood somewhat altered, what is it? If that question be proposed to me, I answer that, in my opinion, it is a substance, *sui generis*, secreted from the bloodvessels into the stomach, and, not unfrequently, into the bowels also, by some diseased action, in a manner analogous to the secretion of the rice-water evacuations into the bowels in Asiatic cholera, and that the one is just as much entitled to be called



blood, or blood somewhat altered in its passage through the epithelium, as the other; and yet whoever heard of any one calling the rice-water evacuations of cholera "blood somewhat altered"?

After all, neither the color of the skin, nor the matter secreted into the stomach and bowels, is the disease. They are the effects only of the morbid condition, and the disease itself must be sought for further back. I venture to suggest that further microscopic observations should be carefully made, not only on black vomit, but on the blood itself in cases of typhus icterodes, in order to ascertain if further light can be thrown on this obscure subject by a minute and careful examination of that vital fluid.

#### CONTAGION.

Though the question as to the contagious or non-contagious character of yellow fever was for a long time hotly disputed, I think that the medical opinions of those who have been familiar with it, and have had the best opportunities of observation, now incline to the side of the non-contagious character of the disease. Still, as opinions are far from being unanimous, a short account of our experience here on that point will not be out of place.

By the table which accompanies this, it will be seen that the first yellow fever patients were admitted into this hospital on the 8th of September, and that the last one was admitted on the 10th of November, and that some of the last of those admitted did not leave the hospital till nearly two weeks later. We had the disease, therefore, in the hospital for a period of full two months and a half. The patients were not only in one ward, but in all the wards. They were intermingled with the other patients, not one of whom had probably had the disease himself, or had ever before seen a case of it in others. The physicians and nurses, who were of course constantly engaged in administering to their necessities, were in no way protected from an attack. Including the physicians, nurses, patients in the hospital, visitors and persons employed in different ways, there must have been at least three or four hundred persons, unacclimated, who inhaled the same air, and were exposed more or less to the effects of all the secretions and exhalations of those who were sick with the disease. of whom many, as I have stated, had it and died of it in its worst form; and yet not a single individual in the hospital, and no one that visited it temporarily from without, is known to have had the yellow fever, or any disease resembling it.

As for myself, I have resided for many years in Philadelphia, and though the yellow fever has in a few instances, at remote intervals, visited that city, I had never seen a case of it until these patients were brought into this hospital. I had never travelled south of the Potomac, and could not have had any disease which would have afforded protection against an attack of this one. Here I have lived and slept in a room separated only by a thin board partition, with numerous open spaces, from a ward in which six patients died in the

course of a week. I have had a large number of the yellow fever patients under my special care during the whole of their treatment, amongst whom were some of the very worst cases. I have visited them very frequently, both by day and by night. I have been present with them often while vomiting large quantities of the substance which is peculiar to the disease. I have stood in puddles of black vomit on the floor, by the bed-side, when the vessels were filled and the bed-clothes of the patient and those of the adjoining beds were saturated with it. I have made, in one of the very worst of the cases, a *post-mortem* examination, and have stood leaning over the cadaver, with my hands bathed in a mixture of blood and black vomit, for more than half an hour, while at the same time I was breathing the exhalations which arose from the body. Yet I have been, during all this time, in my usual health, and have had no symptom which by any possibility could be attributed to that disease. If contagious, it would seem to have been impossible that I could have escaped from taking it. Can a disease be contagious which does not affect a single person out of three or four hundred exposed to it? We have no hesitation, therefore, in saying that, according to the experience of this hospital, the yellow fever is not contagious.

I feel strongly inclined to discuss the practical bearings of this subject on commerce, and to offer some remarks on the necessity and extent of quarantine regulations, but I fear that I have already exhausted the patience of yourself and of your readers. I conclude, therefore, while I am,

Yours, very respectfully,

THOS. T. SMILEY, M.D.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JANUARY 8, 1863.

TREATMENT OF DIPHTHERIA.—A correspondent at Ravenna, Ohio, writes as follows :—

“Diphtheria is proving very fatal here this winter. I would like to inquire if there has been any essential change of treatment in your city within the past year, or any method has been adopted which is more successful than those heretofore used. If you would give us the most approved plan of treatment we should be extremely grateful, particularly if it should prove more efficacious than our own. Heretofore we have managed the disease quite satisfactorily, but this season it baffles the skill of our ablest physicians.”

To the inquiry of our correspondent we regret that we cannot give a very satisfactory answer. Diphtheria is one of those mysterious diseases, like Asiatic cholera, that seem, in their malignant form, to defy all remedies. Boston has heretofore been remarkably exempt from its visitations, it never having been properly epidemic here. In fact, we should say it is one of the rarest diseases with us, and many a practitioner in a small country town has had a larger experience in

treating it than any physician here. Such being the case, we cannot speak from any extended experience of the superior efficacy of any special course of treatment. Our correspondent gives no details of the phenomena of the disease as now prevailing in his locality, and we cannot of course understandingly recommend any particular remedies. From what we have seen and heard of the disease here, we should say that chlorate of potass, with tonics, is the remedy upon which most reliance is placed. We should be glad to have a more detailed account from our correspondent of the epidemic now prevailing in his vicinity.

CONFECTION OF PUMPKIN SEEDS FOR TÆNIA SOLIUM. — *Mr. Editor*,— Seeing an extract in your Journal of last week, relative to the treatment of tænia with pumpkin seeds, and having had occasion to prescribe the confection of pumpkin seeds in three cases of tænia within two years, my last patient this week, a little girl of seven years of age, I have thought my experience might not be uninteresting to your readers. My patients fast twenty-four hours before taking the remedy, and this is a very important part of the treatment. To a child six or eight years of age, give ℥iv. of pumpkin seeds (the husks being removed) thoroughly bruised with ℥i. of white sugar, and add ℥iv. of milk. This is a very agreeable diet for children. Three hours after administer ℥ss. of castor oil; to an adult give double the quantity. This treatment seems very simple, yet it has never failed to expel the tænia whenever I have prescribed it.

A. K. CUMMINGS, M.D.

Claremont, N. H., January 1st, 1863.

MR. EDITOR,—In examining a large number of men for service in the army, I have accidentally hit upon a point which, though of slight importance, is nevertheless interesting anatomically, and I should be glad to know if the fact has been noticed by others. In passing the hand down the vertebral column, there is a lozenge-shaped space, situated over the lower lumbar vertebræ, where the papillæ of the skin are very fully developed, to a greater extent, in fact, than in any other part of the body, and giving a decided sense of roughness to the hand. As far as my experience goes, this condition is constant; and my experience has been confirmed by two or three gentlemen to whom I have mentioned the fact.

B.

THE letter given below has been sent to the Dean of the Faculty of some of the Medical Colleges, and it being impracticable to send it to all, their attention is called to it.—*American Medical Times*.

SURGEON-GENERAL'S OFFICE, December 22, 1862.

SIR,—It has been determined to require from candidates entering the medical staff of the army, that they shall have attended at least one course of lectures on hygiene and military surgery.

Information is already received at this office that more than one medical school has determined to establish a chair for the teaching of the above branches, and your particular attention is invited to the propriety of adding to the faculty of your school a professor of hygiene and military surgery.

In this manner, not only will the general education of candidates for graduation be advanced, but the U. S. Army Medical Service will

be the gainer in having more competent men present themselves for admission.

Very respectfully, your ob't serv't,

WM. A. HAMMOND, *Surgeon-General.*

**ANALYSIS OF CHOCOLATE.**—The following interesting notice has been gleaned from the French journals by Mr. William Procter, the accomplished editor of the *American Journal of Pharmacy*:—

“M. Alfred Mitscherlich has found in 100 parts of Guyaquil cacao, 45 to 49 per cent. of butter; 14 to 18 of starch; 0.34 glucose; 0.26 cane sugar; 5.8 cellulose; 3.5 to 5 coloring matter; 13 to 18 albuminoid matter; 1.2 to 1.5 theobromine; 3.5 ashes; 5.6 to 6.3 water. *The proportion of starch is very considerable*; it is a fact not to be overlooked by experts who find chocolate mixed with feculent substances. The coloring matter appears to be an altered product, because the fresh seeds are white. Theobromine is found in the shells of the cacao which contain one per cent. of their weight.”

**POTASH FROM WOOL.**—M. Maumené, a French chemist, has recently showed that cold soft water would extract from sheep's wool a kind of greasy soap, a combination of certain fatty and oily acids with the alkali potash—the remarkable fact being that the potash was almost free from that far more abundant alkali, soda. By charring this soap, and then extracting the residue with water, very pure carbonate of potash is obtained. The process is carried out on a commercial scale at Rheims, in the department of the Marne, and samples of the various products there obtained—potassa and its salts—were shown in the International Exhibition.—*London Chemist and Druggist.*

The surgical corps of the Mass. Eye and Ear Infirmary has been increased, and Drs. G. Hay and H. Derby are elected Surgeons to the same, in addition to the gentlemen who already occupy the position.

In order to insert the whole of Dr. Smiley's valuable paper in this number of the JOURNAL, our usual variety, including several communications, is omitted.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JANUARY 3d, 1863.

##### DEATHS.

	Males.	Females.	Total.
Deaths during the week	40	43	83.
Ave. mortality of corresponding weeks for ten years, 1853—1863,	40.3	38.6	78.9
Average corrected to increased population	00	00	86.88
Death of persons above 90	0	0	0

##### Mortality from Prevailing Diseases.

Phthisis.	Croup.	Scar. Fev.	Pneumon.	Varola.	Dysentery.	Typ. Fever.	Diphtheria.
14	4	6	7	0	0	2	1

DEATHS IN BOSTON for the week ending Saturday noon, Jan. 3d, 83. Males, 40—Females, 43.—Accident, 1—anæmia, 1—apoplexy, 2—asthma, 1—disease of the bowels, 1—inflammation of the bowels, 1—congestion of the brain, 2—disease of the brain, 2—bronchitis, 2—catarrh, 1—chorea, 1—consumption, 14—convulsions, 2—croup, 4—diphtheria, 1—dropsy, 3—dropsy of the brain, 2—epilepsy, 2—scarlet fever, 6—typhoid fever, 2— hæmoptysis, 1—disease of the heart, 1—homicide, 1—infantile disease, 2—insanity, 1—disease of the liver, 1—congestion of the lungs, 3—inflammation of the lungs, 7—marasmus, 1—meningitis, 1—old age, 2—paralysis, 3—pertussis, 2—pleurisy, 1—puerperal disease, 1—suicide, 1—tumor (of the brain), 1—unknown, 2.

Under 5 years of age, 28—between 5 and 20 years, 11—between 20 and 40 years, 20—between 40 and 60 years, 14—above 60 years, 10. Born in the United States, 57—Ireland, 21—other places, 5.

# MEDICAL JOURNAL ADVERTISING SHEET.



**PALMER'S PREMIUM ARTIFICIAL LEG!!**—This world-renowned invention is far superior to all other Artificial Legs manufactured either in Europe or America. No less than four patented improvements have been taken out for it, since its first introduction. Every desirable change that mechanism is capable of producing has been introduced, until, in the recent language of one of our most celebrated surgeons (Henry J. Bigelow, M.D.), "it is very near perfection." Several imitators have recently sprung up, who are endeavoring to deceive the public by pretended improvements, which, in their practical application, are absolutely worthless. All "lateral motion" of an Artificial Foot simply renders the action unsafe; the foot in a short time becoming rickety and noisy, and consequently liable at any time to break from its connections. The "Palmer Artificial Leg" has stood the test of years, and all the truly practical improvements, which inventive skill, aided by the personal use of an Artificial Leg, could suggest, have been introduced.

The fact that nearly 4000 persons are now wearing the "Palmer Leg," testifies to its superiority over all others. The "Great Prize Medal" was awarded to it in London over thirty five competitors from all parts of Europe.

The "Palmer Artificial Leg" is lighter than any other, yet capable of sustaining a continuous pressure of over 500 lbs. It is more natural in its movements. It more closely resembles the natural leg, it being impossible to distinguish it. It is more durable, wearing for years. It requires less repairs. It can be afforded for a less price. Nine out of ten of the most celebrated Surgeons in all parts of the world recommend the "Palmer Leg" in preference to all others.

All pretended improvements over it are simply theoretical notions, intended to deceive. The extended reputation of this invention is a sure guaranty to the patient, that in procuring the "Palmer Leg" they will secure the best, and run no risk.

The patient is enabled to walk immediately upon its application. It is applied to the shortest and tenderest stumps with perfect success.

The Surgeons of the Massachusetts General Hospital recommend this invention over all others. Pamphlets, giving full information, sent gratis to all who apply.

General Manufactory for all the New England States, is at 19 Green street, Boston. Address  
**PALMER & CO.,**  
19 Green street, Boston.

Sept. 18.

**FINE CHEMICALS AND PHARMACEUTICALS.**—Our Laboratory facilities are now such as enable us to manufacture daily 100 lbs. of Ether Sulph. Conct.; 100 lbs. of Chloric do.; 50 lbs. of Chloroform; 300 lbs. Spis. Nitro. Dulcis; 50 lbs. Citrate and Tartrate of Iron; 100 lbs. Acetate and Sulphuret of Potassa, and corresponding quantities of the salts of Gold, Silver, Tin, Mercury, Lead, Antimony, &c. &c. Our Chemicals, for their purity and excellence, received a medal and diploma from the Exhibition of the Massachusetts Charitable Mechanic Association in 1860, and they are used in Hospitals, Infirmeries, and in the practice of a large number of prominent Physicians in all parts of New England.

**JAS. R. NICHOLS & CO.,**  
Manufacturing Chemists,  
12 Kilby and 1 & 3 Doane sts.

Jan. 9-17

**HAVING** sold to Messrs. CODMAN & SHURTLEFF, 13 Tremont street, our entire stock of Surgical, Dental, and Veterinary Instruments, and having relinquished these branches of our business, we hereby recommend the establishment of Messrs. Codman & Shurtleff to our former patrons.

Feb. 13-17

**HASSAM BROTHERS,**  
(late Kingman & Hassam.)



Send for a Circular.

**SELPH'S PATENT ELASTIC ARTIFICIAL LEG** AND NO. 516 Broadway, opposite Nicholas Hotel, New York.  
Aug. 14-17

**DR. GEORGE B. WINDSHIP,**  
PARK STREET,  
Near Tremont st., Boston.

Oct. 23-17.

**DR. J. H. DIX** has removed to Boylston, corner of Tremont street, and attends exclusively to **DISEASES OF THE EYE AND EAR.**  
Dec. 24, 1867.

**DOUGLASS'S NEW PATENT ARTIFICIAL LEG** is receiving the approbation and recommendation of the most distinguished Surgeons throughout the country. The large number of persons of all professions using it, and the rapidly-increasing demand, are indications of its superiority over other substitutes. It radically differing from all others in its construction and articulations, combining the most scientific mechanical and anatomical principles, it possesses great strength, lightness, durability, and a successful imitation in form, color, finish and movement of the natural limb. Perfectly adapted to every form of amputation, many persons wear them who have lost both legs.

Descriptive pamphlets sent free. The patent is owned and Leg manufactured exclusively by the inventor,  
**D. DE FORREST DOUGLASS,**  
No. 16 Main st., Springfield, Mass.

Sept. 26-17

**MINERAL WATER IN ITS NATURAL STATE, from the Artesian Well, St. Catharines, Canada West.**—A sovereign remedy for Rheumatism, Rheumatic Gout, Neuralgia, Liver and Kidney Complaints, Salt Rheum, want of action in the Digestive and Urinary Organs, Diseases peculiar to Women, and a general purifier of the blood.

N. B.—This is not the Concentrated Water which has been sold for some time past, but the Natural Water as taken from the spring.

**Directions.**—The Water should be taken daily, in such quantities as not to act on the bowels too much, and should be drank regularly twice or three times per day, beginning with half a tumbler each time, and reducing if found to operate too much, so that the system may become impregnated with its medicinal virtues, being sure to effectually eradicate the disease it professes to cure, if persevered in.

Sold by **I. BARTLETT PATTEN, Druggist,** 27 Harrison Avenue, cor Beach st., Boston, wholesale and retail, where all information can be had.

July 31.

Canada West.

**TRUSSES.**—Dr. RIGGS'S Hard Rubber Multipedal Truss. Water proof. Used in bathing; cleanly and indestructible. No. 2 Barclay street, New York.  
Aug. 14-17

**GARRATT ON MEDICAL ELECTRICITY**—embracing electro-physiology and meteorology; descriptions and uses of the different currents obtained from various kinds of Batteries; "Electro-Therapeutics," showing clearly, yet limiting those classes of nerve-affections, and of joint and muscle diseases, to which this treatment is adapted; methods of application, &c. By **ALFRED C. GARRATT, M.D.** Second Edition. Pp. 700. 100 Illustrations. Price, \$3 00.

P. S.—Dr. Garratt, No. 9 Hamilton Place, Boston (near Park-street Church), continues to give special attention to the medical uses of Electricity, i.e. primary galvanism, in *Nervous Affections*—for re-kindling the vital forces; for restoring tone in certain cases of atony, weakness and pain, as also in many of the more grave nervous affections—traumatic, wasting, and reflex-paralysis; cold-rheumatism, sprains, sciatica, lumbago, irritable spine, neuralgia, headaches, nerve-deafness, sensitive eyes, infantile palsy, chorea, amenorrhoea, torpor of bowels, and the like.  
Feb. 27

**CHAS. H. SPRING, M.D.,** has removed from No. 215 Washington st. to No. 7 Harrison Avenue. Special attention given to Diseases of the Spine. Office hours, 9 A. M. to 2 P. M.  
Jan. 9-17

**RETREAT FOR NERVOUS INVALIDS.**—At *Pepperell, Mass.*—The undersigned, having taken the Establishment for many years occupied by the late **NEHEMIAH CUTTER, M.D.,** as a Retreat for Nervous Invalids, will continue to receive patients as heretofore. We are pleased to refer such to the *Lutheran*, Bell, M.D., Charlestown, late of the *McLean Asylum*.

**Chas. E. Ware, M.D.,** No. 1 West st., Boston,  
**Ed. J. Davenport, M.D.,** 20 Bedford st., "  
**J. A. Wood, M.D.,** Marlboro' Hotel, "  
**Chas. F. Jones, Esq.,** 55 State st., "  
**JAS M. STICKNEY, M.D.**  
*Pepperell, Oct. 18, 1860.* Jan. 9, '62-17

**CURTIS'S CURE FOR BALDNESS**—for sale, wholesale and retail, by **I. BARTLETT PATTEN, Druggist,** corner of Harrison Avenue and Beach st. Boston.  
March 16

# PHARMACEUTICAL GRANULES AND DRAGEES

(SUGAR-COATED PILLS) OF

**GARNIER, LAMOUREUX & CO.**

MEMBERS OF THE COLLEGE OF PHARMACY OF PARIS.

These Granules and Dragees are recognized, both in Europe and in the United States, as the most reliable way of dispensing valuable medicines. Physicians will find many worthless imitations, and they must be careful to see that the Pills dispensed by the Druggist are made by Messrs. GARNIER, LAMOUREUX & Co., Members of the College of Pharmacy, Paris. The following are some of the principal preparations :—

## DRAGEES.

	U. S. F.		U. S. F.
Aloes and Myrrh,	grs. 4	Magnesia and Rhubarb, each	grs. 1
Compound Cathartic,	3	Quevenne's Iron, reduced by Hyd'n,	1
" "	1½	Cynoglosse,	1
Aloetic,	4	Proto-Iodide of Iron,	1
Assafoetida,	4	Lactate of Iron,	1
Aloes and Assafoetida,	4	Sulphate of Quinine,	1 & 2
Dinner, Lady Webster's,	3	Valerianate of Quinine,	1
Compound Calomel, Plummer's,	3	" of Zinc,	1
" " "	1½	" of Iron,	1
Blue Pills,	3	Citrate of Iron and Quinine,	2
Opium Pills,	1	" of Iron,	2
Calomel Pills,	2	Willow Charcoal,	2
Opium et Acet. Plumb., each	1	Diascordium,	2
Extract of Rhatany,	2	Anderson's Antibilious & Purgative,	2
Compound Rhubarb,	3	Extract of Gentian,	2
Compound Colocynth,	3	Iodide of Potassium,	2
Compound Squills,	4	Calcined Magnesia,	2
Dover Powders,	3	Rhubarb,	2
Carbonate Iron, Vallett's formula.		Ergot Powder, covered with sugar	
Carbonate of Manganese and Iron.		as soon as pulverized,	2
Kermes,	1-5	Phellandria Seed,	2
Santonine,	½	Washed Sulphur,	2
Bi-Carbonate of Soda,	4	S. N. Bismuth,	2
Meglin,	1	Tartrate Potassa and Iron,	2

## GRANULES.

*Of 1-50 of a grain each.*

Aconitine,	Morphine,
Arsenious Acid,	Strychnine,
Atropine,	Valerianate of Atropine,
Digitaline,	Veratrine.

*Of 1-5 of a grain each.*

Tartar Emetic,	Extract of Hyosciamus,
Codeine,	" of Ipecac,
Conicine,	" of Opium,
Extract of Belladonna,	Proto-Iodide of Mercury,

Lupuline,	gr. ½	Extract Rad. Aconite,	gr. ½
Extract Nux Vomica,	½	Emetine,	½.
Veratrine,	1-24	Iodide Mercury,	½
Sulphate of Morphine,	1-8	Valerianate Morphine,	1-8
Cerrosive Sublimate,	1-12	Acetate Morphine,	1-8
Nitrate of Silver,	½	Digitaline,	1-24
Extract of Hyosciamus,	½	Strychnine,	1-12
Colchicum (each granule equal to two drops of tincture.)			

## DRAGEES.

Copaiba, pure solidified,	Cubebs, pure,
Copaiba and Cubebs,	Cubebs and Alum,
Copaiba, Cubebs and Citrate Iron,	Cubebs, Rhatany and Iron.

To be had at the principal Druggists. Sole Wholesale Agent,

**F. A. REICHARD,**

60 John street, between William and Nassau streets, New York.

For sale in Boston, by I. BARTLETT PATTEN, Druggist, 27 Harrison Avenue. To any Physician or Druggist who will forward his address, with stamp enclosed, a price list will be sent. Dec. 18—9m

# MEDICAL JOURNAL ADVERTISING SHEET.

**MUTUAL LIFE INSURANCE.**—The *New England Mutual Life Insurance Company* (Office Company's Building, State st., corner of Congress st., Boston) insures lives on the mutual principle. Accumulation—over \$1,600,000, and increasing, for the benefit of members, present and future. The whole safely and advantageously invested. The business conducted exclusively for the benefit of the persons insured.

The greatest risk taken on a life, \$15,000. Surplus distributed among the members every fifth year, from Dec. 1, 1843. Premiums may be paid quarterly or semi-annually, where desired, and amounts not to fall. Forms of application and pamphlets of the Company, and its reports, to be had of its agents, or at the office of the Company, or forwarded by mail, if written for, post-paid.

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**ALEXANDER WOOD'S SYRINGES FOR SUBCUTANEOUS INJECTION**, sent by mail on receipt of price, \$1.

Cannmann's Double Stethoscopes,  
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Elastic Hoses for Varicose and swelled limbs  
White's Trusses and Supporters,  
Syringes of every description,  
Galvanic Batteries, &c.

Also, a complete assortment of Surgical Instruments and Appliances, a priced Catalogue of which will be furnished on application.

CODMAN & SHURTLEFF,  
13 Tremont street, Boston

Jan 1—12

**ELIXIR BARK AND PROTOXIDE OF IRON.**—This pleasant and highly efficacious combination, the formula for which, has been in the hands of physicians for more than a year, we can now furnish in gallon, half-gallon, and pint packages. The desirable point is here attained of combining with *pyro-catechu* of iron, cinchonine and quinine, the active principles of Calcey Bark, in the form of a pleasant, agreeable elixir. Specimens of the Elixir, together with the formula, will be furnished physicians upon request.

J. R. NICHOLS & CO.,  
12 Kilby st.

Jan. 9—12

**THE LOCUST-GROVE RETREAT**, at *Pepperell, Mass.*—The buildings recently erected on the old site of the late Dr. N. Cutter's Asylum, are now being fitted up for the reception of patients. The situation is a very desirable one, the buildings are commodious, and the rooms pleasant and convenient for the purpose. The town also is noted for its fine farms, pleasant drives, and picturesque scenery.

The institution is designed for those persons whose intemperate indulgence in strong drinks renders a removal from their homes and ordinary associations desirable or necessary.

No pains will be spared to reclaim and restore them to their former position in society.

J. C. SHATTUCK, M.D.

## REFERENCES.

Rev. E. P. Smith, Rev. J. E. B. Jewett,  
Hon. C. W. Bellows, Col. S. P. Shattuck,  
Charles Tarbell, Esq., Hon. A. Hutchinson,  
of *Pepperell*.  
Winslow Lewis, M.D., 75 Boylston st., Boston,  
A. Emerson, Esq., 2 Spring Lane.  
John E. Tyler, M.D., Sup't McLean Asylum,  
July 24, 1863—12

**OPHTHALMOSCOPES.**—Jebrecht's small, for sale by  
Nov. 20—12 CODMAN & SHURTLEFF,  
13 Tremont st., Boston.

**A NEW AND IMPORTANT INVENTION.**—by DOUGLAS BLY, M.D. By frequent dissections, Dr. Bly has succeeded in embodying the principles of the natural leg in an artificial one, and by so doing has produced the most complete and successful invention ever attained in artificial legs.

## TESTIMONIALS OF SURGEONS.

New York, Feb. 10, 1860.

When the Palmer Leg was invented, I recommended it to all who needed anything of the kind, because it was an improvement on the old Anglesen leg. And now I have the pleasure of informing them that Dr. Bly has invented a leg which is a great improvement on the Palmer leg. The advantages it possesses over the Palmer leg are:—

*First.* The ankle-joint admits of motion not only antero-posteriorly, but laterally, which allows the wearer to walk on any grade, or on rough and uneven surfaces, without inconvenience.

*Second.* The ankle-joint is constructed without iron, steel, or metal of any kind; in fact, little or no metal is used in the limb, which renders it very light.

*Third.* The joints, instead of being brushed with buckskin, which requires a renewal at the hands of the maker, when worn, are adjustable, and under the control of the wearer.

*Fourth.* The springs are made of India rubber, and imitate more closely the action of the muscles.

*Fifth.* The action of the springs can be increased or diminished at the option of the wearer, whereby each can adjust the motions of the leg to suit his own peculiar gait.

VALENTINE MOTT, M.D.,  
Emeritus Prof. of Surgery, Anatomy  
in the University of New York

New York, Feb. 10, 1860.

I concur in the above recommendation.

ALFRED C. POST, M.D.,  
Prof. of the Principles and Operation of  
Surgery in the University of N. York.

New York, 2d mo. 15th, 1860.

I have examined with care the ball-and-socket-jointed leg invented by Dr. Bly, and am satisfied that the mobility of the ankle-joint, whereby the foot can accommodate itself to grades and inequalities of the ground, is a great improvement upon all artificial legs made heretofore.

JAMES R. WOOD, M.D., 2 Irving Pl.,  
Surgeon to Bellevue Hospital, N. York.

I have examined the artificial Leg of Dr. Bly, M.D., of Rochester, and have formed a very favorable opinion of its character.

WILLARD PARKER, M.D.,  
37 East 19th street,  
Prof. of the Principles and Practice of Surgery  
in the College of Physicians and Surgeons, N. Y.

A Pamphlet, containing a full description and illustrations, can be had free of charge, by addressing DOUGLAS BLY, M.D., 639 Broadway, New York, or Rochester, N. Y., or Cincinnati, Ohio. July 3—1am12

**THE DAVIDSON SYRINGES**—the best and cheapest domestic instrument in use—Is the get out of order in six months repaired free of charge. For sale by I. BARTLETT PATTEN,  
June 13 Druggist, 27 Harrison Avenue, Boston.

**BOUQUET D'HAVELOCK**—A delicate, rich, and enduring Extract for the mouth, distilled from a choice combination of fresh flowers, equal if not superior to any of the perfumes of the celebrated Lubin. For sale only by

I. BARTLETT PATTEN,  
Druggist & Chemist,  
27 Harrison Avenue, Boston.  
Price 37 and 62 cts. per Bottle. Feb. 7

**DR. EDWARD JARVIS**, having returned from Europe, is again prepared to receive, at his house in Dorchester, and attend elsewhere, in consultation or otherwise, to patients who are suffering from nervous or mental disorders. Sept. 27—12

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For a pamphlet, containing full description and illustrations, can be had without charge by addressing **DOUGLAS BLY, M.D.**, either 658 Broadway, N. Y. City, or Rochester, N. Y., or Cincinnati, O., Jan. 8—

**LONG ISLAND COLLEGE HOSPITAL, Brooklyn, N. Y.** Session for 1863.—The Session for 1863 will begin on the 12th of March, and continue sixteen weeks.

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\* Dr. DOREMUS is now in Europe, but in case of his continued absence a competent substitute will be procured. D18—3m

**THE PHYSICIAN'S HAND-BOOK OF PRACTICE AND MEMORANDA**, for 1863. By **WILLIAM ELMER, M.D.**, of New York. It contains a classification of diseases, a list of remedial agents, of incompatibles, poisons and their antidotes, a diagnostic examination of the urine, a record of practice and treatment, an obstetric calendar, a general memoranda, &c. Copies for sale at this office, or sent by mail, postage paid, on receipt of the price, \$1.25. Jan. 1.

**CONSUMPTION IN NEW ENGLAND**, or Locality of one of its chief Causes. An Address delivered before the Massachusetts Medical Society, May 26th, 1862, by **HENRY I. BOWDITCH, M.D.**

Copies of Dr. Bowditch's Address, separate from the Annual Proceedings of the Society as published for the members (making a pamphlet of 160 pages, with a colored map and diagrams), are on sale at the Journal office, price 75 cents, and will be sent by mail, postage prepaid, on the receipt of the money. Jan. 1

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**THE BOSTON MEDICAL AND SURGICAL JOURNAL.** Established in 1828. This Journal is now the only periodical devoted to Medical Science in New England, and is one of the few Medical Journals in the country which have survived the shock occasioned by our present national troubles. Its first volume was published in the year 1828, when it took the place of the **BOSTON MEDICAL INTELLIGENCER**, which was the first weekly Medical Journal published in the United States. During most of the time since then, there has been no other weekly publication in the country. The work early met with general favor among the profession, and in its volumes will be found valuable contributions from prominent members of the Faculty in every part of the Union. A general record has also been kept in its pages of all passing events which were at the time of interest to physicians; and the whole series contains the medical history of the time, showing the progress which has been made in Medicine and Surgery, and their kindred sciences, during the third of a century. Its Editorial management is now in the hands of **S. L. ABBOT, M.D.**, one of the physicians of the Mass. General Hospital. Many of the leading physicians of Boston, as well as of other places, likewise furnish contributions. The Medical and Surgical Reports made to the Boston Society for Medical Improvement, are published in the JOURNAL, and also the more interesting of the cases and reports furnished to other Medical Associations in Boston and its vicinity. Since the commencement of the war, the correspondence from the U. S. Army and Naval Surgeons has been extensive, and this now constitutes a feature of the work which will be found of much interest and value. The general contents of each volume, though mainly of a practical character, are intended to be sufficiently varied to make its weekly visits interesting as well as useful to the medical practitioner.

The 68th volume of the work will commence on the 6th of February, 1863, and will be issued in weekly numbers, as heretofore. No pains will be spared to render it valuable and acceptable to the profession. Contributions from the faculty, both in civil and military practice, are respectfully solicited.

There are two volumes in a year. A monthly series is issued for distant subscribers and others who may prefer it to the weekly.

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BOSTON, JAN. 1, 1863.

**BERKSHIRE MEDICAL COLLEGE.**—The *Winter Reading Term* of this Institution will commence on the first Wednesday of January, 1863, and continue 16 weeks.

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Anatomical material abundant and free of charge.

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY  
SAMUEL L. ABBOT, M.D.

**Whole No. 1820.] Thursday, Jan. 15, 1863. [Vol. LXVII. No. 24.**

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## HARVARD UNIVERSITY. Summer Session of the Medical Department.

The annual course of summer instruction in the Medical Department of Harvard University will commence at the Massachusetts Medical College, in North Grove Street, Boston, on Monday, March 16, 1863, and continue till November.

Clinical, Medical and Surgical Instruction will be given at the Massachusetts General Hospital, adjoining the College.

Recitations from approved text-books will be held daily during the session at the College, upon all branches necessary to a medical education. Occasional lectures are also given, and demonstrations, illustrated by the Museums of the College.

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Nov. 13

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Charles Tarbell, Esq., Hon. A. Hutchinson,  
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Winalow Lewis, M.D., 15 Boylston st., Boston,  
A. Emerson, Esq., 2 Spring Lane.  
John E. Tyler, M.D., Sup't McLean Asylum,  
July 24, 1862—tf [Somerville]

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Pittsfield, Ms., Dec. 1, 1862.

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Lupuline,	gr. ½	Extract Rad. Aconite,	gr. ½
Extract Nux Vomica,	½	Emetine,	½
Veratrine,	1-24	Iodide Mercury,	½
Sulphate of Morphine,	1-8	Valerianate Morphine,	1-8
Cerrosive Sublimate,	1-12	Acetate Morphine,	1-8
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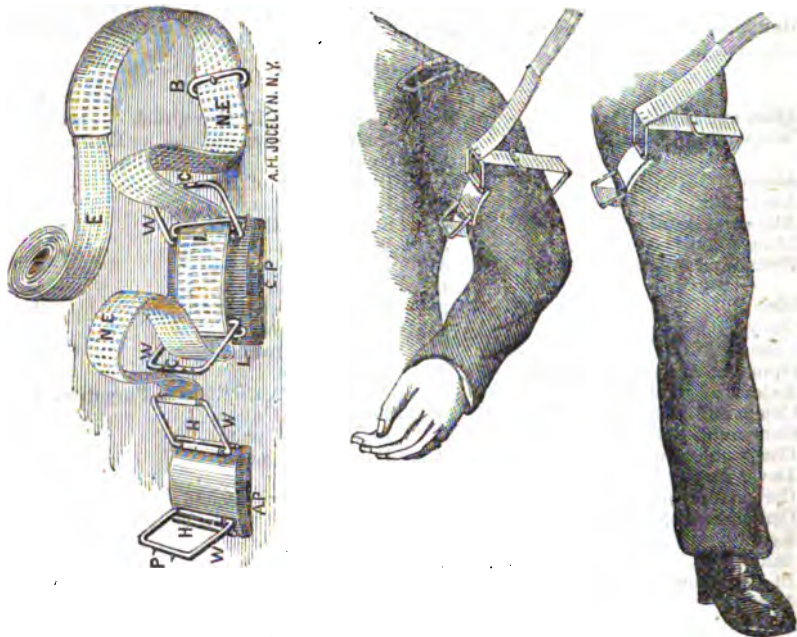
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Sept. 4—17.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. LXVII.

THURSDAY, JANUARY 15, 1863.

No. 24.

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BREECH OF A GUN IMBEDDED IN THE BONES OF THE FACE.  
EIGHT YEARS. REMOVAL. RECOVERY.

BY JAMES N. FRASER, M.D., ST. JOHN'S, NEWFOUNDLAND.

[Read before the Boston Society for Medical Improvement, January 12th, 1863, and communicated for the  
Boston Medical and Surgical Journal.]

ON the 14th of October, 1848, William Roberts, of Brigus, Newfoundland, aged 30 years, by occupation a fisherman, of large frame and robust constitution, sustained, whilst at Labrador, a very serious injury of the face by the bursting of a gun. His nose and right cheek were severely cut and contused, and the whole face completely blackened. Violent inflammation, with great swelling, supervened, and he continued in a state of insensibility for three days. When restored to consciousness, he complained of excruciating pain in the face, which continued unabated for three weeks; and great noise in the head, which lasted for six months. Three weeks after the injury he arrived at Brigus, and then for the first time consulted a medical gentleman, who, however, from the inflamed and cedematous condition of the whole face, could not possibly form a decided opinion as to the precise nature of the injury. The patient was put under medical treatment, and was unable to leave the house until March, 1849, and was then only able to walk a short distance; a constant foetid, purulent discharge escaped from the right cheek and nostril. In May, 1849, the wound in the cheek completely healed over, but the discharge continued from the nose. In June, he went to the summer fishery, but from his debilitated state could work but little.

The wound in the face remained closed until November, 1854, when an opening formed near the right ala nasi, through which a purulent discharge, with a quantity of powder and rust, escaped. On the 2d of January, 1855, he was suddenly seized with alarming hæmorrhage from the right nostril, the blood being quite florid, and escaping in a full stream, when another medical gentleman was sent for. The bleeding continued more or less from 1 until 4 o'clock,

VOL. LXVII.—No. 24.

P.M., when it ceased, but recurred every eight or ten days, until April of the same year. Since then there has been little or no hæmorrhage.

During the whole of the foregoing period the patient suffered from severe headaches—sometimes complained of dimness of vision in the right eye, and occasionally of pain in that organ. The sense of smell was completely lost; his appetite varied, sometimes being very good, at other times extremely bad; he subsisted almost entirely on fluids; altogether his general health became seriously impaired.

In May, 1855, he came to reside in St. John's, and consulted several medical gentlemen, but obtained no relief. In August following, the pain in the face became much more intense than it had been since the occurrence of the accident. An abscess formed in the right cheek, and a copious discharge of purulent and serous matter, together with more powder and rust, followed; after which the pain only occurred occasionally.

He applied to me for advice on Tuesday, the 17th of June, 1856, stating that his face had been injured nearly eight years previously by the blasting of gun-powder, and made no mention of a gun having burst in his hands, until after the operation about to be described was performed. He informed me that he had undergone different kinds of treatment, and applied various remedies to the face, without deriving the slightest benefit therefrom. On examination, I found the right malar bone considerably enlarged, the right side of the face a little swollen, and a cloaca existed in the right cheek, situated nearly opposite the upper border of the ala nasi. Having passed a probe into this opening, I detected what I at first supposed to be a large piece of necrosed bone, which could be slightly moved. As he could not open his mouth more than a quarter of an inch, I failed in ascertaining the state of its interior. I examined the nasal cavity with the speculum, but discovered nothing abnormal.

As the man's health was rapidly giving way under the irritation and constant discharges to which he was subjected, I advised him to submit to an operation, to which he most willingly assented. On Thursday, the 19th of June, two days after I first saw him, I proceeded to operate, assisted by Dr. W. C. Simms. The patient having been put under the influence of chloroform, I made one incision from the upper border of the right ala nasi, extending across the cheek towards the prominence of the malar bone, and a second beginning at the commencement of the first, and extending downward towards the angle of the mouth, and retracted the flap thus formed, when it became obvious that the cause of so much suffering was not diseased bone, but *metal*. After considerable difficulty, I succeeded in extracting (what is almost incredible) the *breech of a gun*! the presence of which had never been suspected. The patient was only sensible of the last two or three efforts at extraction, and although there was no hæmorrhage of any consequence during the operation,

we did not, during its latter part, induce complete anæsthesia, fearing that blood might find its way into the trachea, and cause suffocation.

The piece of metal weighed a little more than four ounces, and was quite oxidized. The transverse portion measured in length  $1\frac{1}{2}$  inches, in breadth  $\frac{3}{8}$  of an inch at one part, and  $\frac{1}{2}$  an inch at its narrowest part—its thickest portion measured  $\frac{3}{8}$  of an inch. That portion of the breech which is screwed on to the stock measured in length  $2\frac{5}{8}$  inches, and in breadth  $\frac{5}{8}$  of an inch. The screw measured in circumference  $2\frac{1}{2}$  inches.

It now only remains for me to state, so far as I can, the position occupied by this foreign substance, and the subsequent progress of the case.

The superior maxilla was evidently fractured over the antrum Highmori; the transverse portion of the breech with the greater part of the screw passing into that cavity, became embedded there; and a large opening was formed between the antrum and right nasal fossa. The long part of the breech, or that portion which is screwed on to the back of the stock, passed backwards between the under surface of the zygomatic arch and the coronoid process of the inferior maxilla, its edge resting on the alveolar processes of the superior maxilla, and its extremity extending nearly as far backwards, I imagine, as the lower part of the temporal surface of the great wing of the sphenoid bone; its edge, near the extremity, being in close contact with the external plate of the pterygoid process of that bone. Such, I think, must have been pretty nearly the position occupied by this singular intrusion.

No inflammation followed the operation, and since its performance the patient has been almost wholly free from pain.

On removing the breech the cavity appeared quite black, and for a few days a dark purulent discharge, together with small pieces of rust, escaped. Healthy granulations then sprang up, and the parts rapidly contracted. Now (July 4th) the cavity is nearly filled up, and the external wound almost closed. The action of the lower maxilla is slowly improving, and he has quite recovered the sense of smell. The only after-treatment consisted in the administration of one or two doses of aperient medicine; and the constant application to the sore of pledgets of lint moistened with cold water. In a few days the man will, I think, be quite able to resume his usual calling.

[In a letter from Dr. Fraser, recently received, he says:—I have little to add to the account of the case already in your possession. Ever since the operation the patient has continued in the enjoyment of excellent health; but suffers considerable inconvenience from the very limited action of the inferior maxilla. This, I imagine, was caused in the first instance by the position of the piece of metal confining the movements of the articulation; and subsequently by the inflammatory action, and consequent alteration in the structures of

the joint. He suffers no pain whatever; and pursues his usual avocations uninterruptedly.]

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At the meeting at which the above was read, Dr. JACKSON showed a cast in plaster of the foreign body that was sent some years ago to Dr. D. H. Storer, and that is now in the Cabinet of the Medical College. He also referred to a specimen that he had seen at the Fort Pitt Museum, Chatham, near London:—a cast of the breech and screw of a fowling-piece. The gun burst, and the piece was driven into the frontal sinus, where it remained for eight years; a portion of it, during the greater part of the time, protruding through the palate and into the mouth.

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#### CASE OF CO-EXISTENCE OF CANCER AND TUBERCLE.

[Communicated for the Boston Medical and Surgical Journal.]

MR. EDITOR,—I read with much interest the article from the *Edinburgh Medical Journal*, re-published in yours of the 25th of December, on the co-existence of cancer and tubercle, and was somewhat surprised that any pathologist of the present day should maintain that the two diseases are mutually antagonistic, or exclusive of each other. Formerly it was contended that the morbid condition known under the term of “*morbus cœruleus*,” or cyanosis, was incompatible with phthisis. I sent to the Boston Pathological Society a specimen of heart, in which there was a large opening from the right to the left ventricle, the subject of which had the *blue disease*, and died with tubercular phthisis at the age of 19 years. I was more surprised that the author of the above-mentioned paper had never met with a case where he was satisfied that cancer and tubercle co-existed in an active form; and though he does not deny that the two morbid conditions may occasionally co-exist, he says the question has not been satisfactorily solved. For this reason I am induced to send you an account of a case which came under my observation about one year since. I did not take notes of the case, as the patient was not under my care, and I only saw him once in consultation, but I will give the details from memory.

Mr. S., of South Hadley, aged about 46 years, desired my attendance in consultation with Dr. Lester, of that town. I found the patient sitting in a chair. Respiration was short and hurried; pulse 130, and feeble; very much emaciated. Coughed but little, and not much expectoration. There was considerable nausea, and some pain over the region of the stomach and bowels. The physical signs were peculiar, and calculated to deceive in forming a diagnosis. The chest was full, but no respiratory sounds could be heard on the left side, not even the tubular murmur. Percussion gave the dull sound everywhere over the left lung. On the right side, a little



gurgling sound with bronchophony existed, as if the air did not penetrate into the lung, but was puffed out in a short, rapid manner. It was evident to me that the left lung was solidified, and that the right was full of crude tubercle. That was the clearest diagnosis I could make out at the time, with the opinion that the patient would live but a short time; and as I was not satisfied of the real nature of the disease, I desired Dr. Lester to procure an autopsy if possible. He had been, at intervals, in attendance for a space of about two years.

In about two weeks from the time I saw the patient, Dr. Lester desired me to attend the *post-mortem*. Both lungs were adherent to the pleura. The right had large masses of crude tubercle; some portions of the deposit were softened, but the greater part were of a curdy consistence. There was no distinct vomica connecting with a bronchial tube. The nature of the deposit could admit of no doubt. I removed a portion of it for future examination. In the left side, the whole cavity was filled with a hard, fibrous substance, portions of which cut with the cartilaginous or gritty feeling so peculiar to a scirrhus substance. On the top of this lung were found some small portions of tubercular deposit, similar to what was seen in the right lung; the scirrhus substance preserved somewhat the form of the lung. The heart was healthy, except that there were some adhesions of the pericardium to the sternum. The liver was normal. There was some tubercular deposit on the mucous surface of the intestines, and also in the glands. I regret exceedingly that no microscopic examinations were made, as I removed some of each portion of the morbid product with that view, but my professional engagements were so pressing that I neglected to examine them. I found, at the time of making the examination, that there was an hereditary tendency to both cancer and tubercle in this individual.

*Holyoke, Dec. 29, 1862.*

A. BRYANT CLARKE.

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#### NOTE ON THE CUMULATIVE ACTION OF MEDICINES.

By ALEXANDER FLEMING, M.D., FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS, LONDON, &c.

IN my lectures on therapeutics, I have found it useful to the student to describe three modes of exhibiting medicines, in relation to the interval between the doses: the *simple*, where the second dose is not given until the action of the first has completely subsided; the *sustained*, where the doses are repeated at such intervals as to keep up without increase or diminution the required degree of physiological action, as in the use of wine; and, thirdly, the *cumulative*.

Although the term cumulative action is much used, it is often wrongly applied, and its meaning is, at all times, vague and uncertain. It is commonly employed to denote the exhibition of a medicine for some days, in small and repeated doses, without marked

effect, when suddenly and unexpectedly violent, and, it may be, dangerous symptoms of its action are developed. The successive doses are supposed to remain in some obscure and unexplained way quiescent in the blood, until the so-called cumulative action is manifested. The administration of digitalis and strychnia are cited as affording examples. It is said that digitalis may be given continuously for several days, and apparently without effect, when suddenly a feeble irregular pulse, fainting and cold sweats, usher in the poisonous action of the drug. In like manner, successive pills of strychnia may be taken and remain inert, when unexpectedly and suddenly severe tetanic symptoms supervene.

Now the sudden eruption of alarming symptoms during the continuous use of these medicines can be satisfactorily explained without reference to any mysterious agency. In the case of strychnia there is no cumulative action, but simply an example of the non-solution and retention of the medicine in the stomach and bowels. It is observed only when the medicine is given in pill. This alkaloid is hard of solution in the gastric fluid, and one, two, three or more pills are apt to remain undissolved and accumulate in the stomach or bowels. Suddenly, from some change in the patient, there is an abundant flow of gastric juice, and all the pills are simultaneously rendered soluble and active. This apparent cumulation of strychnia is never observed when it is given in solution. In the exhibition of digitalis, on the contrary, as I shall presently explain, we have an example of true cumulative action but imperfectly observed and understood.

I think it would be more correct to restrict the term *cumulation*, or *cumulative action*, to denote exclusively the gradual increase of physiological action from the successive exhibition of equal doses. When a second dose is given before the effects of the first have passed away, we add to what remains of the action of the first the full operation of the second, and so on with the third and subsequent doses until, finally, the sum of effects exceeds the limits of medicinal, and passes into those of poisonous, action.

In the exhibition of mercury, arsenic, aconite, digitalis, and other medicines, we adopt the cumulative mode, because it is safer and more efficient. The tolerance of these medicines varies so much that no physician can say what amount of any one of them is required to produce a given degree of physiological action. He might exceed the proper dose and cause danger. But by the cumulative addition of the effects of successive doses in the manner described, we advance cautiously and safely to the required degree of action, and the symptoms are more under control. The interval between the doses is determined in each medicine by the duration of its action. Between successive doses of mercury it may be twelve or even twenty-four hours, while, to secure the cumulative action of digitalis, it should not exceed four to eight hours. Our knowledge here is imperfect in respect to many drugs, and cannot be reduced to rules.

The cumulative mode of exhibition is most necessary with sedatives, as aconite and digitalis; and in using them the pulse must be carefully observed, for it is an important fact, in connection with sedation, that the circulation may be lowered to a remarkable degree without the patient being conscious of, or showing any material change in his other functions. But carry the depression just a little further, and the heart's action is suddenly and seriously embarrassed, and the patient has fainting, cold sweats, and the sense of impending dissolution. Now, the early effects on the pulse of the cumulative depression of digitalis are apt to be overlooked, and the belief obtains, as already stated, that the first doses produce no effect whatever; but this is an error. I have often watched the cumulative use both of digitalis and of aconite, and have never failed to detect depression of the circulation from the early doses, and its subsequent gradual increase. I should add that, as a sedative, I am careful to give digitalis so as to secure its prompt and easy absorption, and to avoid its local irritant effect on the stomach, which complicates the general symptoms of the medicine.

On the other hand, in the administration of atropia and strychnia it is no less important to avoid cumulation. Their use often extends over a considerable time, and it is safer to use the *simple* mode of exhibition, and to give the doses at such intervals that the action of the first has entirely subsided before the second is taken. Nor is there any danger with these drugs in inducing the required degree of medicinal action with one dose, provided its amount be determined by careful trials, commencing with small and advancing gradually to larger doses. For example, I give atropia thus,—10 minims (containing  $\frac{1}{10}$  of a grain) of a solution are exhibited once daily, and the dose is increased daily by 2 or 4 minims until I obtain the required degree of atropism. The action of one dose endures sixteen or eighteen hours, but ceases before the next is given and there is no cumulation, which it is safer to avoid, especially as the use of atropia is often continued for several weeks.

There is another order of physiological effects, sometimes named cumulative, which require notice here. They have been observed to follow the use of alcohol and aconite. I refer to the wakefulness, tremor, and exhaustion (*delirium tremens*), from prolonged excess, symptoms quite different from the ordinary stimulant and narcotic action of spirit, but distinctly traceable to its *continued use*. In the same manner, I have observed in patients who have been taking aconite in full doses for a lengthened period, that ultimately they have become affected with general tremors, severe pain in the head and eyeballs, constant lachrymation, intense photophobia, heat of skin, quick pulse and great restlessness, symptoms which, while very different from the ordinary sedative action of aconite, were clearly attributable to its long-continued employment. In the cases where I noticed these results, the aconite being discontinued, the symptoms, which were by no means alarming, subsided in a day or two.

Effects allied in nature to this action have also been traced to tobacco and to mercury.

In my lectures, to prevent the student confounding these effects with cumulation, I found it needful to distinguish them by the name of *sequel* action. At present the study of the sequel action of medicines does not offer much interest in the way of practical application; but it might at a future time acquire more importance. For example, one of the patients who exhibited the sequel action of aconite had been long a confirmed intermittent drunkard. From the time that he presented these symptoms the craving for spirit, previously so irresistible, never returned, and he continued to lead a sober life for at least four years while I knew him. Meantime it is well not to confound together things essentially distinct. The sequel action is due to the continued exhibition, and is a direct operation of the medicine, and must not itself be confounded with the symptoms which arise from the sudden suspension of a drug, such, for example, as opium, to which the body has become habituated. The extreme nervous prostration and excessive perspiration, urination and diarrhoea, which supervene on the sudden withdrawal of the habitual supply of this narcotic, are a good example of one of the forms of medicinal *reaction*. The cumulative and sequel actions are both phenomena of the forward, the reaction of the backward, swing of the physiological pendulum.

In relation to strychnia, I have already referred to the error of confounding true cumulative action with the accumulation of medicine in the bowels. This evil happens with solid medicines, as caustic magnesia, strychnia, and calomel, which require the intervention of the gastro-intestinal secretions for their solution and absorption. If the dose exceed the solvent power of the fluids, or these are deficient in quantity, then a portion of all the medicine remains undissolved, and is either expelled quickly by stool or lodges for a time in the bowels. If, while there, the visceral fluids become more abundant, it may be suddenly dissolved and by its absorption give rise to severe effects. I could cite many examples of this, but I have said enough to make evident the distinction between cumulation and the effects produced by the sudden solution and activity of a solid drug which has accumulated in the bowels.

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#### ON NON-INTERFERENCE IN NATURAL LABOR.

By JOHN PATERSON, M.R.C.S.E., ABERDEEN.

For a period of more than thirty years no obstetric fact has made a deeper impression on my mind than the effort which nature makes, under the most adverse circumstances, gradually and successfully to complete her work, so as to ensure the safety of the mother and infant. In no branch of the profession is this more to be observed than in midwifery. It is Nature's greatest work—*life*; and she is

perhaps more jealous here than in any of her other operations, that it should be done well; and it always is so, unless when there is an error on the part of the mother, or when, as more frequently happens, it is impeded by the ignorance or dishonesty of an unprincipled and unskilful midwife or other medical practitioner.

In medical work generally, but particularly in midwifery, I have not always found that strict adherence to truth which might be expected in members of so learned and scientific a body as ours. In no profession ought this virtue to be more valued, especially where the life of a fellow-creature and the happiness of a family are so frequently involved. The young and inexperienced practitioner, naturally disposed to place implicit confidence in those possessed of more practical knowledge than himself, is not seldom deceived by the ignorant, who act and write but to serve selfish purposes; by the illiterate and presuming midwife, who knows no better; but oftener by the grasping and selfish practitioner, whose object is to hasten his case, save time, and thus add to the number of his fees and patients. I believe that the profession has yet to learn how frequently *art* is resorted to, wantonly and unnecessarily, by members high in practice, adding greatly to the mortality of mothers and children. Nature's plain, simple and safe laws are disregarded, and her lessons to wait, watch, and learn how far she can, unassisted by art, in almost every case, successfully accomplish her work, are often wilfully, nay, almost criminally, neglected.

There is no precept more deeply engraven on our obstetric literature by every writer of authority than this, that *prolonged labor, unaccompanied by dangers arising from other causes, is not a matter of almost any consequence, so far as the safety and permanent recovery of the mother is concerned*; and it has been an apophthegm from the days of Hippocrates till now, that meddling midwifery is bad.

Dr. Osborne—than whom we have no greater authority—states, while speaking of difficult and instrumental delivery, that he believes it is confirmed by general observation, that women recover at least as well after long, lingering and laborious labor—the duration of which may have been extended to some days—as after the easiest, quickest, and most natural delivery, and my experience leads me to the same conclusion.

In these remarks it is my object to show how far the mortality of mothers and children may be lessened by the course which I have been pursuing during a practice of nearly thirty-five years. It is short, plain, and simple; indeed, no great or useful work has ever been accomplished but by the simplest means, and never without much time, patience, and self sacrifice.

I think it is the duty of every accoucheur to visit his patient more frequently before and after her confinement than is generally done, to make himself intimate with her condition, former habits, and character, and even to become familiar with her peculiarities, for females are never without these, particularly during pregnancy

and labor, and to lay down at every stage of pregnancy a clear and distinct course of hygiene, which he should take care to have strictly adhered to, not only up to the time of confinement, but for at least six weeks after it. He should examine personally the *bladder* and *rectum*, and see that they contain nothing that can be obstacles to the labor before its commencement. He should never permit the patient to think that her labor has really commenced till the *os uteri* is nearly the size of a crown-piece. He should have her as seldom in bed as possible, till the child's head is about to escape from the *uterus*. With his own hands he should place the infant at the breast the moment it is dressed, or, if possible, should not leave the apartment till he has seen this done. This is the only safeguard, nothing else will prevent danger from flooding. He must insist on the mother throwing off the afterbirth herself in the same way and by the same means that she bore her child; and if she tells him that she has no pains, he should ask her, at least within twenty minutes after the birth of the infant, to make them, and press down as in labor. I seldom or never put a finger on the *placenta* till it tumbles into my hands. All this must be done by the efforts of the mother alone. The contraction which naturally follows throws off the *placenta*, and if the child is applied immediately thereafter to the breast, the contractile powers of the *uterus*—another name for after-pains—are so much increased, that the *os uteri*, by these means, is effectively closed very soon after the birth of the infant. The *lochia*, from following this treatment, generally disappear in forty-eight hours, and no bad symptoms ever follow. Why should they? Is delivery not purely and simply a work of nature, the farthest possible from disease? It is the work of *life*, not of *death*. By disregarding these rules, and other apparently trifling precautions, the lying-in chamber has been made not only the abode of disease and death, but has, at the least, cut off every tenth married female by countless maladies, malignant and otherwise, within five years after the end of menstruation. In bringing off abortions I almost always do so successfully by the same means. I never poke for hours at the *os uteri*, producing often inflammation and ending in disease, from which the patient seldom or never thoroughly recovers. Impacted fecal matter in the *rectum*, and a distended *bladder*, are, I believe, in ninety-nine cases out of the hundred, the causes of the loss of the child, and of resorting to instrumental labor, which but too often terminates in the death of the mother, or renders her miserable for life. If the duties I have indicated were properly attended to by the accoucheur himself, and the necessary time and patience were bestowed, what is called protracted labor would seldom be heard of, and most cases would end favorably, unless where there is deformity of the *pelvis*, or some other natural obstacle, which it is impossible to remove.

The following statistical data, derived from nearly three thou-

sand cases, which I have arranged in a tabular form, will present to the reader, in the readiest and shortest way, some points well worthy of his serious attention:—

Presentations and Complications.		Number.	Children stillborn.	No. of mothers recovered.
Arm,	- - - - -	7	5	All.
Feet, - - - - -	- - - - -	31	6	All.
Breech, - - - - -	- - - - -	42	10	All.
Retained placenta	{ with hæmorrhage, 7 } { without do. 9 }	16	0	All.
Twin births, - - - - -	- - - - -	26	0	All.
Face to pubes, - - - - -	- - - - -	21	2	All.
Face presented, - - - - -	- - - - -	4	2	All.
Prolapsus funis, - - - - -	- - - - -	4	2	All.
Convulsions, - - - - -	- - - - -	1	1	All.
Protracted labor, - - - - -	- - - - -	14	0	All.
Out of which were, with forceps, 9; } lever, 0, }		9	5	All.

Deaths from independent causes—from phthisis, 5; from dysentery, 3; and other diseases, 9; total, 17.

Only 3 of these happened before the end of the first month, and 6 of the instrumental cases occurred during the first seven years of my practice. By strict attention to the bowels I have had no case of laceration of the perinæum for more than fifteen years.

In the foregoing table it will be seen that there is not recorded the death of a single mother in nearly 3000 cases of labor, unless where it arose from independent causes. Many of the parties were in the middle ranks of life, the wives of respectable workmen, and subject for years past, from the social condition of the country, arising from expensive living, and the difficulty of finding employment, and preserving their status in society, to perhaps more moral, emotional and physical causes injurious to health than at any former period in the history of the country. Considerably above a hundred may have been illegitimate cases, most of them connected with decent families, and such are always dangerous, tedious, and difficult to recover. Between three and four hundred were brought up in factories, and many of their parents before them. Among this class there is probably the largest amount of mortality, not excepting the highest circles, and much more than among the very lowest society, who have at least the open air and out-of-door exercise, and, for the most part, less care and anxiety than the class immediately above them. With such an amount of success as this table shows in an artificial state of society, and where nature's laws are so frequently broken, we can the more readily conceive how far nature will make her way under the most disadvantageous circumstances, and also with what ease the females of savage tribes perform this part of the work of nature, in almost as short a period, and with as little pain, as any of the other evacuations. These facts will, I trust, lead other members of the profession to record the results of their practice, if in any way favorable, or else cause them to pause and think whether this branch of our profession has received that attention, or had that justice done it, which, above all others, it so well deserves.

There is room for improvement at home, but more so on the Continent, where instruments are used in every fifth, tenth, fifteenth,

or twentieth labor, under the charge of the medical men there, in order to expedite delivery. This is also done by many in this country, whose dangerous doctrines, inculcating the most unjustifiable and uncalled for interference, are injurious alike to mother and child, and are too often followed from the worst and most selfish purposes.

The late Dr. Joseph Clarke, of Dublin, who was one of the most amiable and upright members of the profession, moving in the highest circles, eminent in his position, who was characterized by a professional friend as a physician without guile, and whose useful life was closed by a Christian death, had, besides the charge of a large in-lying institution, 3862 private cases of midwifery, out of which he never lost a mother, and he had only one forceps case, which he failed in completing. If such was the practice of this great and good man, what must we think of those who are seldom weeks without instruments in their hands, and never go a distance from home without having them on their person. Surely there must be something radically, if not criminally wrong, in all this, which even demands some movement on the part of the legislature. The want of practical knowledge in the medical student is another source of the extensive evils from which mothers and children suffer so much during pregnancy and labor. He has never had the opportunity of obtaining anything but a small portion of knowledge in this department before entering into practice. The knowledge which students acquire at most of our schools is not of the kind suited to impart confidence, when, at the outset of their professional career, they are left entirely to their own resources. Not from any want of perseverance in their teachers, who are most indefatigable in their endeavors to procure cases, but partly from the want of a properly organized system, partly from the state of society in this country, the result is that the student is left almost entirely to himself in his search after practical knowledge in this branch of his profession. To pass an examination for M.D., or surgeon, attendance on a few cases of midwifery is all that is required. Hundreds of cases are not sufficient to enable the young practitioner to know when and how to hold his hand from doing mischief, or to give him the confidence sufficient to ensure the safety of his patient, even in a simple and natural labor. In the outset of his professional career, he is not therefore altogether to blame, if thrown on his own resources, with little or no practical knowledge, clinging to the theoretical opinions instilled into him by his teachers, without a guide, and with no clear practical data to fall back upon, wavering between what he has read in books, his class-room prelections, and his after-experience, he flounder on unsatisfactorily, and is never comfortable in his mind through a long professional life, and never learns to have a decided opinion of his own. A writer alluding to Dr. Clarke's practice, says, how seldom would practitioners be found to use instruments, if the successful



course pursued by this eminent accoucheur were universally aimed at. Is it not worthy of our best consideration, with the invaluable statement before us, that in an extent of practice in the upper ranks of life, perhaps unexampled, there is not a single instance of death resulting from laborious or protracted labor.

In the course of a long professional life, of which the above remarks give a brief and imperfect retrospect, I have learned that neither talent however dazzling, nor genius though of the rarest kind, will alone lead to success in this branch of the profession. Extreme care and attention are necessary; patience unlimited; an almost perfect negation of time, of every selfish feeling and personal comfort, even health itself, must be conceded, before the greatest amount of success can be obtained. And thankful ought the humblest member of the profession to be that every upright and faithful practitioner has all these virtues in his own power, however slender his acquirements may otherwise be.

As for myself, after a long and rather laborious professional life, I am well content to admit that I am but a sorry instrumental operator. This, in my opinion, is the highest compliment that an accoucheur can receive; and I trust the time is not far distant when every member of the profession will deem it an honor to avow, not how often, but how seldom, through a long professional life, he has resorted to instrumental means.—*Ibid.*

### Army Medical Intelligence.

DR. A. B. HALL'S REPORT ON THE INSPECTION OF RECRUITS.

*Surgeon-General Dale.*

BOSTON, DECEMBER 24, 1862.

DEAR SIR,—On the 7th of August last, I was detailed by you to examine, at the Meionaon, under the auspices of the War Committee of Ward 4, such volunteer recruits as might enlist to fill up the quotas of Massachusetts for the Army of the United States. Drs. J. A. Lamson and M. C. Greene were associated with me, by your authority, in the discharge of the official duties imposed on me. I have the honor now to report the results of our labors, together with such medical facts as seem to me of interest.

The period of our duties extended to within three or four days of three months. During this time there were examined 2,286 recruits who had enlisted for three years' service, and 1,672 for nine months' service; 384 of the three years' men were rejected, for some physical or mental inability, being a little less than 17 per cent., and 1,902 were accepted; 196 of the volunteers for nine months were rejected, or a little more than 11 per cent., and 1,472 were approved; making a total examined of 3,958, rejected 580. The responsibility of the examining surgeon is very great, as upon his decision rests the question whether the soldier entering the service of his country is a person of sound health, free from any abnormal condition; or one who will be soon the inmate of a hospital, from some local or constitutional infirmity, thereby becoming a positive expense and burden to the Gov-

ernment, instead of a positive good, in making up the sum total of its resources. In order that the examination might be critical, the applicants were required to divest themselves of their entire clothing. The candidates, as presented by the recruiting officers, may be divided into four classes.

1. Those who present a good exterior, and the rational and physical evidence of a normal condition of all the internal organs; and otherwise conform, in height and weight, to the requirements of the army regulations.

2. Those who exhibit some slight external defect, or some doubtful indication that there may be an obscure affection of one or more of the vital organs.

3. Those who are disabled, unqualifiedly, by reason of some defect in the senses, some chronic cutaneous affection, some striking deformity, or some internal organic lesion.

4. Those about whose habits, mental and moral condition, there may be a question.

The examination of the first and third classes is not difficult, and may be done often with rapidity. The second and fourth require frequently much time and tact, as well as judgment, to search and determine whether the bodily infirmities of the recruit are sufficient to cause his rejection, or his habits of life and moral bearing are such as to unfit him for discipline, or to be a proper person to associate with others in camp or on duty. The pernicious system of paying irresponsible agents a fixed sum per head for men who pass a medical examination, causes an undue pressure upon the surgeon, and he is importuned not to be too critical, as his severity or forbearance affects their pecuniary status. Hence the necessity of the surgeon conducting his examinations in a faithful and impartial manner.

The most prominent causes of disqualification which came under our notice, and which are not devoid of interest, in a medical point of view, were the following:—age, both too old and too young; height; deficiency or excess of weight; cataract; opacity of cornea; ptosis; loss of the eye; strabismus; myopia; deafness; loss of teeth; hare-lip; fissure of the palate; stammering; wry-neck; old fractures; permanent dislocation of humerus; ankylosis of shoulders, elbows, fingers, knees, or ankles; general rigidity of the joints; deformities from injuries of the arms, wrists, hands, fingers, thumbs, hips, ankles, feet; ununited fracture; loss of fore-fingers; loss of thumbs; loss of two or more phalanges; caries of elbow, femur and tibia; spinal curvature, with malformation of breast; splay-feet; toes crossing; inverted nails; wounds; atrophy of lower extremities; hernia, inguinal and femoral; hydrocele; varicocele; incontinence of urine; acute gonorrhœa; sarcocele; enlargement of the spermatic cord; hæmorrhoids; fistula in ano; primary and secondary syphilis; aneurism; varicose veins; scurvy; chronic ulcers of neck, legs, ankles, wrists, fingers and rectum; scabies; psoriasis; eczema; elephantiasis; deserters from English army, with the letter D branded upon the chest; want of muscular development; physical debility; paralysis; epilepsy; vertigo; rheumatic diathesis; lumbago; diarrhœa, chronic; pneumonia; hæmoptysis; chronic bronchitis; incipient phthisis; organic disease of the heart; intemperance; delirium tremens; insanity; effects of *coup de soleil*; no knowledge of English language; refusing to undress, &c. &c.

Such are the leading causes which were thought sufficient for the rejection of nearly 15 per cent. of those who applied for examination. The number rejected for each cause could be given if it was deemed essential. Many of the candidates who were judged disqualified were so from two or more infirmities, each of which was fully sufficient for their non-acceptance; but the most prominent one only was noted for record.

In the analysis of so large a number of physical ills, there are some interesting phenomena brought to view, which confirm many well-known pathological laws heretofore noticed. An allusion to a few instances will suffice. Cataract was found more frequent in the left eye than the right; so with opacity of the cornea. In loss of the globe, there were four cases of the right and nine of the left. Deafness was detected more decidedly on the left side than the right. Of sixty-two rejected for hernia, two thirds were ruptured on the left side. The same preponderance was true of varicocele. In fifty-eight cases of varicose veins, the veins were larger and more knotty and tortuous on the left leg than on the right. This infirmity was mostly met with among the laboring class, between the ages of 38 and 44. Chronic ulcers of the leg followed the same rule. On the other hand, ankylosis, deformities from injuries, &c., were more marked on the right extremities than on the left. Still the loss of fingers and thumbs on the left hand exceeded that of the right, except in the case of the forefinger of the right hand. Caries of bones was found more upon the right side, though the opposite was true of ulcerations.

It was apparent that the recruiting officers who were to receive commissions in the company they were mustering for the service, almost uniformly presented a better class of men, intellectually and physically, than agents whose interest did not extend beyond the reception of a surgeon's certificate for the recruit, showing that their interest only extended to the welfare of the pocket.

There were many instances of real outbursts of genuine patriotism, and an earnest desire to do something for their distracted country, which made it hard indeed for the surgeon to pronounce the word "rejected." As group after group of young men presented themselves, the tear of disappointment would often flow as the generous impulse of some one received the unwelcome tidings that he must be left behind. The same patriotic sentiment frequently showed itself among men of riper years. I well recollect one man of forty summers, who walked twenty miles the morning he enlisted, but, upon examination, exhibited a scrotal hernia of the size of a child's head; yet he thought it hard that he was not allowed to serve his country, when he could walk that distance without the least fatigue.

On behalf of my associates, I tender to the Committee of Ward 4 our thanks for the aid they rendered us in the discharge of our duties.

Respectfully submitted,

ADINO B. HALL.

THE Paris correspondent of the London *Lancet*, under date of Sept. 9th, 1862, says that Dr. Cutter, of Woburn, Mass., was then in Paris, experimenting with his preparation of *veratrum viride* in the Hôtel Dieu and La Charité, where both MM. Trousseau and Piorry had placed patients at his disposal.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON: THURSDAY, JANUARY 15, 1863.
 

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THE CITY HOSPITAL.—One of the most responsible duties devolved upon the Municipal Government just inaugurated is the organization of this important institution. The hospital buildings are now so near completeness that steps are already being taken for the complete carrying out of the charitable purposes for which it has been so much needed. It has been a matter of unavailing remonstrance and regret to the friends of the project that the original admirable plan of the buildings, once adopted by the government, and generally supposed to be the final plan, was subsequently radically changed without any very evident sufficient reason, and another substituted in its place, which in the opinion of many competent judges is far inferior to the first, and in many ways inadequate to the objects which the other would have most satisfactorily met. These regrets, however, are unprofitable now, and enough remains in the structure, as it stands, to answer in many ways the great public need. The question now is, what sort of an institution shall it be?

This is a question about which very opposite opinions are held by different parties, and upon its decision depends the question of its usefulness or its utter failure. Let the unhappy fate of a neighboring institution be a warning to those who have it in charge, to administer the trust in their hands with wisdom.

There has been a disposition from the time the project was first started, and among those too who were likely to have a good deal of influence in arranging a plan for carrying it on, to make it just what the city does *not* need, and exclude the class for which there is a very urgent necessity for hospital accommodations; to make it, in short, a copy, so far as possible, of the Massachusetts General Hospital. This idea has had a strong hold on some influential minds, and probably is still entertained to some extent. The late Mayor, several years since, while a member of the Board of Aldermen, made a report in which it was strongly urged that a hospital was needed where persons of limited means could be received on payment of a small sum for board. Much stress was laid on this point; and we felt it necessary to show at that time, in the pages of this JOURNAL and elsewhere, from positive data, that the opinion was an entirely erroneous one. Institutions already existing did at that time, and do now, fully meet the wants of this class of patients. On the other hand, it is obvious to every reflecting mind that a hospital which is the resort of a considerable number of paying boarders cannot and ought not to be open to all classes of patients. This would at once operate to exclude the paying ones. We need merely to mention such diseases as erysipelas, scarlatina and other contagious diseases, to make this point evident enough. Many persons enter the Massachusetts General Hospital every year to undergo important surgical operations, whose lives would be put in imminent peril were cases of erysipelas admitted also. And it was one of the admirable features of the original plan of the new hospital, that it was made up of a number of distinct pavilions, allowing of the most complete isolation of contagious cases and the

consequent avoidance of all danger to the other inmates of the institution. This end cannot be so well attained in the structure which has been erected. Nevertheless, the want of a receptacle of just the cases we have mentioned, within the bounds of the city proper, is very great. Many a case of erysipelas have we seen in times past, shut up in small rooms in boarding houses, without ventilation or fire-places even, compelled to endure all the chances and discomforts of this grave disease, under circumstances most unfavorable for recovery, simply because there was no hospital to put them in. Many a case of scarlatina have we seen in the crowded houses of the poor, a whole family, with several children, sleeping in one miserable apartment, exposed to the contagion of this dire disease, their lives endangered and often sacrificed, for the want of some proper hospital to which cases might be transferred on its first outbreak. Neither has there been any hospital here where cases of syphilis could be treated. The want of a lying-in hospital has also been severely felt for several years, since the closure of the building originally constructed for the purpose on Springfield Street.

Such are a few of the cases for which hospital accommodation is greatly needed in Boston, but we have by no means mentioned them all. In a word, what is wanted is an almshouse hospital, to which all the sick who are sent to Deer Island and many others should be admitted. We sincerely hope this want may be appreciated by the gentlemen having this important matter in charge, and that it may be fully met, so far as the buildings as now constructed allow. Let us not have an institution which shall attempt a work of supererogation, and only stand as a monument of municipal folly and personal vanity.

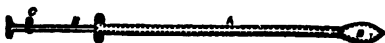
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NEW LANCETED PROBE. *Mr. Editor*,—A few weeks ago, Dr. Squire, Surgeon of one of the New York Regiments of Volunteers, and now Surgeon in charge of Locust Spring Hospital, sent to me the accompanying paper. Dr. Squire is an excellent and thoughtful surgeon. I hope that the profession will look at his simply-contrived instrument. At my desire, Mr. Metcalf has procured it from Mr. Tiemann.

Yours,

HENRY I. BOWDITCH.

“In military surgery, suppurating sinuses in the areolar tissues, and abscesses between the muscles and around the bones, are of no unfrequent occurrence; and often the integrity of a part, or the safety of an individual even, depends upon the timely interference of the surgeon in making proper openings for the discharge of matter which might, otherwise, burrow and accumulate, and ultimately bring on hectic fever, diarrhoea, disorder of the stomach, pyæmia, and perhaps death. Usually, to make the necessary openings, the surgeon first finds the bottom of the abscess or sinus with a common probe, and then cuts, from without inwards, with a lancet or bistoury; but the operation may be more easily and satisfactorily performed by means of my new instrument, the *lanceted probe*, a representation of which is here given.



A, Hollow probe. B B, Lancet. C, Screw to regulate depth of incision.

One surface of the lancet is a perfect plane, to rest upon the corresponding plane surface of its shield—the expanded portion of the probe. The slender stem or handle of the lancet, for the distance of two inches

VOL. LXVII.—No. 24B

from the blade, is flat ; for the rest of the distance it is round. The lancet may be withdrawn from the probe at any time by unscrewing the button at the end, opposite the blade. The uses and advantages of the instrument will be apparent without further description. It may be curvilinear, instead of straight, if so desired. The instrument may be obtained of George Tiemann & Co., 63 Chatham St., New York, and also of T. Metcalf & Co., 39 Tremont St., Boston.

T. H. SQUIRE, *Locust Spring Hospital.*"

ARMY AMBULANCES. *Mr. Editor*,—In your comments on the note published in your issue of the 25th ult., you say :—"Our correspondent undoubtedly refers to the two-wheeled ambulance," &c.

Allow me to say I wished also to convey the idea that a wagon without springs might be better suited to the purpose than any two- or four-wheeled with them. This proposition may at first appear preposterous ; yet with the aid of illustrations of the philosophy of motion, with which every child is familiar, I could easily prove that it is in the main correct.

In writing I can only say that a stretcher so drawn between the sides of a wagon body as to have no *swaying motion*, would give to the body resting upon it a "simple" motion, while its elasticity "softens" the jolting produced by the unevenness of the road. The addition of springs beneath the body of the wagon makes this a "compound" motion, and resting a part of the wagon body on the horse's back, as in the two-wheeled ambulance, "compounds" it into what may well be styled "torture" for a wounded man.

AN EX-SOUTHERN APOTHECARY.

RAINSFORD ISLAND HOSPITAL.—This is a Massachusetts State Hospital for sick paupers, and is situated on Rainsford Island in Boston Harbor. From the ninth Annual Report of the Inspectors and Superintendent we learn that the number of patients in hospital on October 1, 1861, was 165 ; admitted since, 494. Discharged during year, 462 ; died, 70 ; remaining September 30, 1862, 127. Total, 659. Number admitted since opening of hospital, 6,224. Of inmates admitted during year, there were born in Massachusetts, 92 ; other States, 74 ; abroad, 328. The considerable diminution in the number of patients is mainly to be attributed to the influence of military bounties and pay in increasing the income of very many families above that to which they were accustomed in times of peace. In their present improved circumstances, they escape many diseases to which they were previously subject, and, as a consequence, the decrease has been greater in the number of females than among the males admitted. It is pleasant to trace this result of the war, and sad to observe that its benefits do not extend to all poor women. Another curious instance of the effect of the war, is seen in the fact of the treatment of but 20 cases of delirium tremens during the year under report, against 41 cases in the previous year, an improvement which can scarcely be attributed to any other cause than the removal from civil life of many restless men, whose craving for alcoholic stimulants made them subjects for this disease and for hospital treatment. The enlistments for the war have also made it difficult to obtain the class of laborers on whom the hospital has usually relied for all out-of-door work beyond the daily routine, so that it has been impossible to carry out several plans for im-

portant improvements. On the other hand, many of the female patients have found pleasant and beneficial work in sewing, knitting, &c., for the Sanitary Commission, from time to time, the occupation being never continued beyond the limits of wholesome excitement and gratification. The expenditures of the year are stated at \$21,576 11.

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**HEALTH OF BOSTON IN 1862.**—Dr. Jones, the City Physician, in his annual report refers to the fact of the general good health of the city during the past year, no epidemic or contagious disease having prevailed to any extent. Although threatened with smallpox in several wards at the beginning of the year, energetic efforts circumscribed its extent, and the deaths were few. Vaccinations during the year, 2,338; re-vaccinated, 303; physicians supplied with vaccine matter, 246.

The Port Physician reports that from Oct. 1 to Nov. 1, he boarded 2 ships, 21 barks, 35 brigs, 18 schooners, and 1 U. S. gunboat, making in all, under the order of June 16, 22 ships, 48 barks, 127 brigs, 78 schooners. Admitted to the hospital, 9 cases of smallpox, 4 of yellow fever, and 1 of intermittent fever. Two deaths occurred, both from smallpox.

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**ASSOCIATION FOR THE RELIEF OF AGED INDIGENT FEMALES.**—The thirteenth annual meeting of the above-named association was held lately in this city. The clerk submitted his report, from which we learn that the present number of inmates is 58; admitted during the year, 6; died, 3. From the Treasurer's report it appears that the expenditures for the year were \$8,014 41; receipts, \$11,590 01. Legacies received amount to \$1,785; donations, \$1,100; receipts for board, \$3,229 94. The new building in process of erection in rear of the one now occupied, will be completed about the first of July, and will cost about \$50,000.

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**MORTALITY OF PROVIDENCE, R. I., FOR 1862.**—The annual report of Dr. Snow, City Registrar, shows the whole number of deaths in Providence last year to have been 914. In 1861 the number was 1051, and the average for the last six years has been 993. Of the deaths last year, 450 were males, 464 females; married 287, single 509, widows 80, widowers 38; born in the United States 687, Ireland 190, England and Scotland 29, Germany 1, other countries 7. During the first quarter of the year there were 197 deaths, second quarter 192, third quarter 271, fourth quarter 254. The deaths under 5 years of age numbered 334, between 80 and 90 years 32, between 90 and 100 years 9, over 100 years 1. Among the causes of death we notice—consumption 191, pneumonia 54, disease of the heart 49, cholera infantum 44, old age 41, dysentery 22, diarrhoea and croup (each) 31, fevers (all kinds) 21, cancer (all kinds) 20, diphtheria 17, scarlatina 14, apoplexy, hydrocephalus and disease of the liver (each) 19, smallpox 4, &c. The whole number of deaths for the year shows one death in 55·4 of the whole population; among the whites, one in 55·8; the colored, one in 45·2: among males, one in 53·1; females, one in 57·7. It also gives one death in every 7·2 dwelling houses of the city; one in every 11·1 families; one in 63·0 of the population of American parentage, and one in 47·8 of that of foreign parentage.

**RELIEF TO SICK SOLDIERS IN WASHINGTON.**—The Special Relief Agent of the Sanitary Commission, Mr. Frederick N. Knapp, in his fourth Report, gives the following statement of the number of soldiers received into the "Home," since it was first opened:—From Sept. 10th, 1861, to the present date, Dec. 15th, 1862: Total number of individual soldiers received, 14,106; total number of night's lodgings given, 36,866; total number of meals given, 81,760. Total cost to the Commission, \$11,030 00; the average cost of each man being 91 cents.

**THE MEDICAL AND SURGICAL REPORTER.**—Our cotemporary has been compelled to yield to the force of circumstances embodied in the high price of paper at the present time, and announces that for the present it will appear only once in a fortnight, until better times shall warrant the heavy expense inseparable from a weekly issue.

**DEATH OF DR. JACOB HARSEN, OF NEW YORK.**—In the death of Dr. Harsen the profession of this city has lost one of its most philanthropic and public-spirited members. He had long been identified with the dispensary system in New York, and for many years was president of the Northern Dispensary. He had recently established a prize, known as the "Harsen Prize," consisting of \$100, to be awarded to the best clinical report by a member of the medical staff of the New York Hospital. Being in the enjoyment of wealth he was able to give great efficiency to his efforts in any cause in which he became interested. His disease was cerebral.—*American Med. Times.*

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JANUARY 10th, 1863.

##### DEATHS.

	Males.	Females.	Total.
Deaths during the week	47	29	76
Ave. mortality of corresponding weeks for ten years, 1853—1863,	41.1	36.1	72.2
Average corrected to increased population	00	00	85.12
Death of persons above 90	0	0	0

##### Mortality from Prevailing Diseases.

Phthisis.	Croup.	Scar. Fev.	Pneumon.	Varicella.	Dysentery.	Typ. Fever.	Diphtheria.
10	8	2	12	0	1	1	0

TO CORRESPONDENTS.—Dr. Brown's Surgical Cases and Dr. Bryan's Diary of a Brigade Surgeon have been received.

**BOOKS RECEIVED.**—Clinical Lectures on the Diseases of Women, by J. Y. Simpson, M.D., F.R.S.E., Professor of Midwifery in the University of Edinburgh, &c. &c. Illustrated with one hundred and two Engravings on Wood. Philadelphia: Lea & Blanchard. 1863.

**MARRIED.**—In Kennebunk, Me., Nov. 19th, Edwin Manley, M.D., of North Easton, Mass., to Miss Emeline L. Hatch, daughter of the late Capt. Joseph Hatch, of K.

**DIED.**—In North Andover, Dec. 27th, Charles E. Akerman, M.D., formerly of Hampton Falls, N. H., 31.—In New York city, January 3d, Bern. Wheeler Budd, M.D., in the 70th year of his age.

**DEATHS IN BOSTON** for the week ending Saturday noon, Jan. 10th, 76. Males, 47—Females, 29.—Accident, 4—apoplexy, 3—Inflammation of the bowels, 1—congestion of the brain, 1—bronchitis, 3—consumption, 10—convulsions, 2—croup, 8—cyanosis, 1—diarrhoea, 2—dropsy, 1—dropsy of the brain, 2—dysentery, 1—scarlet fever, 2—typhoid fever, 1—hæmoptysis, 1—hæmorrhage (from the navel), 1—disease of the heart, 2—infantile disease, 4—Inflammation of the lungs, 12—marasmus, 2—old age, 1—peritonitis, 1—pleurisy, 1—sore throat, 1—teething, 1—tumor, 2—unknown, 4—whooping cough, 1.

Under 5 years of age, 38—between 5 and 20 years, 6—between 20 and 40 years, 14—between 40 and 60 years, 8—above 60 years, 10. Born in the United States, 59—Ireland, 12—other places, 5.



## MEDICAL JOURNAL ADVERTISING SHEET

### MEDICAL DEPARTMENT OF THE UNIVERSITY OF VERMONT.

#### Faculty.

Rev. JOSEPH TORREY, D.D., Acting President.  
SAMUEL WHITE THAYER, Jr., M.D., Burlington, Professor of General and Special Anatomy.  
WALTER CARPENTER, M.D., Burlington, Professor of Materia Medica.  
DAVID E. COXART, M.D., New York, Professor of the Principles and Practice of Surgery.  
JOSEPH PERKINS, M.D., Castleton, Professor of Obstetrics and Diseases of Women and Children.  
R. CRESSON SMILES, M.D., Pittsfield, Mass., Professor of Physiology and Pathology.  
HENRY M. SKELLY, M.D., South Otonodaga, N.Y., Professor of Chemistry and Toxicology.  
CHARLES J. ALLEN, M.D., Professor of Principles and Practice of Medicine.  
EDWARD BRADLEY, A.M., M.D., Demonstrator of Anatomy.  
S. W. THAYER, Jr., Burlington, Dean of Medical Faculty.

The next Annual Course of Lectures will commence the last Thursday, being the 27th, of February, 1883, and will continue 16 weeks.

#### Conditions of Membership.

At the commencement of the Session, every Student is required to call on the Dean and enter his name and place of residence, and the name and place of residence of his Preceptor, in the Register, and pay all fees for the course.

**Fees.**—Matriculation, \$3.00. Dean's Certificate (furnishing the holder to the Tickets of each Professor), \$3.00. Graduation, \$15.00.

Students who have attended two full courses in other regular Medical Institutions, will be admitted on payment of the Matriculation fee, and a fee of \$10. Graduates of this and other regular Medical Schools, are invited to attend the Lectures, free of charge.

Dec. 4—tl.



"PALMER'S PATENT," improved, superior in mechanism and utility. Hands and arms of superior excellence. Feet for limbs shortened by Hip Disease, new, unique and useful. Surgical apparatus and treatment for diseased and deformed limbs. By E. D. HUDSON, M.D. (late Palmer & Co.) Clinton Hall (up stairs—only office), Eighth St., or Astor Place, New York.

References to the first New York surgeons and others. Send for pamphlets. Aug 11

**BURNETT'S PURE COD-LIVER OIL.**—Carefully Prepared only from Fresh and Healthy Livers, by THEODORE METCALF & Co., Apothecaries, 39 Tremont street, Boston, Mass., sole proprietors.

From Peretia's Materia Medica, Vol. II., Part II. page 2243.

"The experience of the profession at large appears now quite to have established the fact that Cod-Liver Oil, is one of the most efficacious of all remedies in arresting the progress of pulmonary phthisis; that it enables patients to struggle on longer against the inroads of the disease, and thus enables them sometimes to obtain clarification and contraction of cavities which otherwise must have produced speedy death." Dec. 13.

**DR. HENRY W. WILLIAMS,**  
15 Arlington St., Boston (opp. Public Garden)  
Special attention given to Diseases of the Eye.  
Nov. 5, 1848.—ed 11

**DR. HASKET DERBY,**  
No. 6 Beacon Street,  
Gives his exclusive attention to Diseases of the Eye. Office hours, 9 to 11 A.M., and 4 to 6 P.M.  
Dec. 26—1 yr

**BELMONT MORTARS AND NIXE'S WAX LIGHTS**—The most desirable night lights for the bed-chamber; warranted to burn 6 hours. Price 37 cents per dozen. For Sale by  
J. B. BARLETT PATTEN, Druggist,  
Sept. 15 32 Harrison Avenue, cor. Beach st.

**ALBANY MEDICAL COLLEGE.**—Two full courses of lectures are delivered annually in this Institution. The Spring Course commences on the second Tuesday in February, and the Fall Course on the first Tuesday in September. Each course continues sixteen weeks. Lectures are delivered at the close of each term. Fee for full course, \$65. Graduation fee, \$20.

Materials for dissection are abundant, and furnished to Students on a reasonable terms as at any similar Institution in the country. A spacious Hospital has been opened nearly opposite the College, to which Students are admitted free of charge.

Weekly Cliniques are held in the College.  
Boarding, from \$2.50 to \$3.50 per week.

**ALDEN MARCH, M.D.,** Prof. of Principles and Practice of Surgery.

**JAMES McNAUGHTON, M.D.,** Prof. of the Theory and Practice of Medicine.

**JAMES H. ARMSBY, M.D.,** Prof. of Descriptive and Surgical Anatomy.

**HOWARD TOWNSEND, M.D.,** Prof. of Materia Medica and Physiology.

**CHARLES H. FORTER, M.D.,** Prof. of Chemistry and Medical Jurisprudence.

**JOHN V. P. QUACKENBUSH, M.D.,** Prof. of Obstetrics and Diseases of Women and Children.

**J. V. P. QUACKENBUSH, Reg'r.**  
Albany, May 8, 1862.—11

**GARDNER'S PERMANENT SOLUTION OF PROTOXIDE OF IRON.**—The attention of the Medical Profession is called to this novel and eminently successful preparation of Iron. It is becoming so well known, and so generally useful, although but a short time before the public, that it has already taken its place among the standard preparations of the day. It contains 40 grains of Ferri Protoxide to the fluid ounce, and is prepared in two forms—bitter and sweet; the former the result of a combination of a vegetable tonic, Quinine, containing no Tannin, whereby a precipitate of Tannate of Iron is avoided with the mineral. The rapidity with which this article is assimilated is really surprising, usually producing observable effects in chlorosis in from three to six days.

Jersey City, N. J., Feb. 15, 1862.

I have tested the preparation of Mr. Gardner, known as the "Liq. Ferri Protoxidi," and find it to be decidedly the most efficient preparation of that mineral I have ever prescribed; being prepared with a vehicle at once palatable and acceptable to the stomach. It is readily administered. I have no hesitation in recommending Mr. Gardner's preparation the preference over all other preparations of that mineral, for those peculiar morbid conditions of the human organism where the use of Iron is indicated.

**PHILIP N. SENDERLING,**  
President of Hudson County Med. Society.

Manufactured solely by the proprietor, **ROBERT W. GARDNER,** Druggist and Chemist, Jersey City, N. J. **JOSEPH WATSON,** General Agent, 31 Park Row, N. Y. Wholesale Agents for Boston, S. M. Colcord & Co., cor. Hanover and Portland sts. July 31.—6m.

**VACCINE VIRUS.**—The Subscriber proposes to furnish (by mail, postage free and securely packed in small metallic boxes contrived for the purpose) Vaccine Virus, of guaranteed freshness, purity and efficiency, to physicians in all parts of the United States and Canada, at the following rates:—12 quills (prepared in such a manner that the lymph cannot chip off), \$1.00. Recent crusts resulting from the drying of pus, unruptured and uncomplicated vesicles, securely mounted in gutta percha, so that they can be used with great facility and without breaking or waste—small, but perfect, each \$1.00; very large and fine, each \$2.00.

When orders for quills are received from a considerable distance, such only will be sent as have been charged on the day in which the orders are received, and in no instance shall quills be sent that have been dipped more than three days.

All orders answered by return of mail. Should virus fail to give perfect satisfaction, the undersigned will remit a fresh supply, if notified within ten days. Address

**DR. HENRY A. MARTIN,**  
Roxbury, Mass.

References.—Dr. Walter Channing, Boston; Dr. Oliver Wendell Holmes, Boston; Dr. R. D. Muessey, Boston; Dr. Henry Bartlett, Roxbury; Dr. Dixi Crosby, Hanover, N. H.; Dr. Jewish Crosby, Manchester, N. H.; Dr. H. Kimball, Lowell, Mass.; Dr. R. W. Thayer, Burlington, Vt.  
June 7—1y

# MEDICAL JOURNAL ADVERTISING SHEET.

**A NEW AND IMPORTANT IN-VENTION IN ARTIFICIAL LEGS.**—By frequent dissections, Dr. Bly has succeeded in embodying the principles of the natural leg in an artificial one, and by so doing has produced the most complete and successful inventions ever attained in artificial legs. Legs furnished to soldiers by Government, without charge, by applying to Dr. Bly. A pamphlet, containing full description and illustrations, can be had without charge by addressing DOUGLAS BLV., M.D., either 858 Broadway, N. Y. City, or Rochester, N. Y., or Cincinnati, O. Jan. 8—

**LONG ISLAND COLLEGE HOSPITAL.**—Brooklyn, N. Y. Session for 1853.—The Session for 1853 will begin on the 12th of March, and continue sixteen weeks.

*Board of Regents.*  
Hon. SIMUEL MOAN, President.  
GUSTAVUS BRITT, Esq., Sec'y.

*Council.*  
T. L. MASON, M.D. | C. L. MITCHELL, M.D.  
Wm. H. DUDLEY, M.D. | J. H. HENRY, M.D.

*Professors.*  
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**THE PHYSICIAN'S HAND-BOOK OF PRACTICE AND MEMORANDA.**—for 1853. By WILLIAM ELMER, M.D., of New York. It contains a classification of diseases, a list of remedial agents, of incompatibles, poisons and their antidotes, a diagnostic examination of the urine, a record of practice and treatment, an obstetric calendar, a general memoranda, &c. Copies for sale at this office, or sent by mail, postage paid, on receipt of the price, \$1.25. Jan. 1.

**CONSUMPTION IN NEW ENGLAND.** or Locality one of its chief Causes. An Address delivered before the Massachusetts Medical Society, May 28th, 1852, by HENRY I. BOWDITCH, M.D.

Copies of Dr. Bowditch's Address, separate from the Annual Proceedings of the Society, are published for the members (making a pamphlet of 160 pages, with a colored map and diagrams), are on sale at the Journal office, price 75 cents, and will be sent by mail, postage prepaid, on the receipt of the money. Jan. 1.

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY

SAMUEL L. ABBOT, M.D.

Whole No. 1821.] Thursday, Jan. 22, 1863. [Vol. LXVII. No. 25.

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## HARVARD UNIVERSITY.

### Summer Session of the Medical Department.

THE annual course of summer instruction in the Medical Department of Harvard University will commence at the Massachusetts Medical College, in North Grove Street, Boston, on Monday, March 16, 1863, and continue till November.

Clinical, Medical and Surgical Instruction will be given at the Massachusetts General Hospital, adjoining the College.

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Feb. 27

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" " "	1½	" of Iron,	1
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Corrosive Sublimate,	1-12	Acetate Morphine,	1-8
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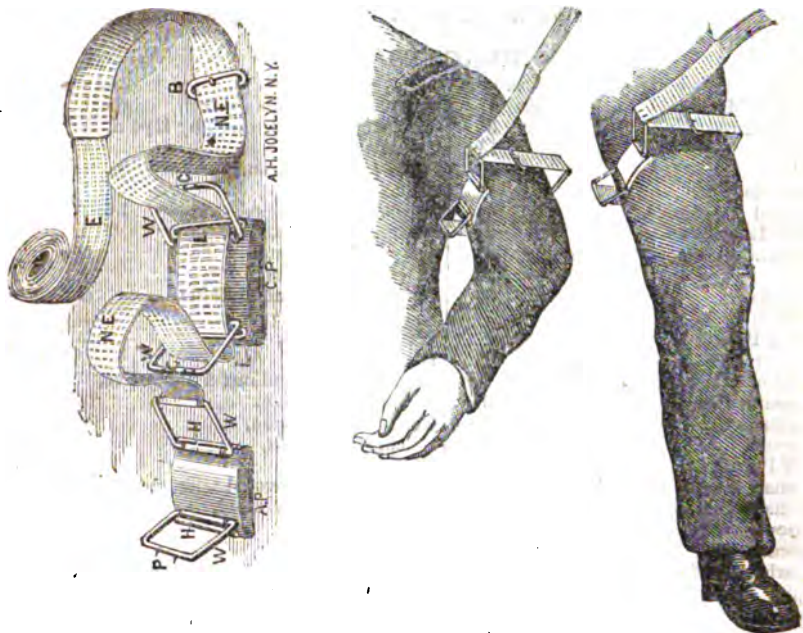
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Sept. 4—17.



THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. LXVII.

THURSDAY, JANUARY 22, 1863.

No. 25.

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SURGICAL CASES.

[Read before the Middlesex South District Medical Society, and communicated for the Boston Medical and Surgical Journal.]

BY FRANCIS H. BROWN, M.D., CAMBRIDGE.

WILLIAM CUBBON, 5th Regiment Michigan Vols., wounded at the battle of Fair Oaks, May 31st, 1862. Ball entered two inches above and to right of umbilicus; passed thence outward and downward, between the integument and peritoneum; exit just over crest of ilium, tract of ball being about five inches in length. On entering the hospital, the patient was very much prostrated; the wounds were very large, ragged and painful; the edges red and everted, and the surrounding parts tense and swollen. Frequent dressings were required in consequence of the profuse suppuration, and alternate stimulant and febrifuge remedies, according to the condition of the patient. On the eleventh day after the wound, several fragments of brass infantry buttons, bent and torn by the ball, were removed from near the wound of exit, having passed along the whole tract. After the separation of the slough, the patient very slowly revived, and only at the end of six weeks did he leave his bed.

In the process of contraction of the wounds, after the separation of the slough, in this case, as in a large number of others, when the edges of the wound became elevated, red and hard, with some pain, the patient received much relief, and the wounds were much improved, by rubbing well into the skin, for the space of an inch around the wound, a very small amount of simple cerate; not simply the external application of the same, but the thorough *inunction* of the skin was necessary. This softened the integument, brought down the elevation, reduced the pain and heat, and the next day the wound would be found considerably contracted. The cerate had the additional advantage of preventing the adhesion of the cloth, when renewing the dressings.

An interesting point in this case is, that, except to a very limited extent, the patient had no peritonitis, and no symptoms showing disturbance of the hepatic system. He left the hospital for a conva-

VOL. LXVII.—No. 25

lescent hospital, in order more fully to regain his strength, about September 1st.

J. O. Churchill, 11th Mass., wounded at Bristow Station, August 30th. On entering the hospital, thirty-six hours after receiving the wound, patient was found to have a longitudinal wound, two inches long, directly over the sacrum. On making an examination, a mass of metal was found just presenting at the depth of an inch below the surface, which, on being removed, was found to be a piece of rifled shell, measuring two and a half by one and a half inches, and weighing four ounces. This had been thoroughly impacted in the body of the sacrum, insomuch that considerable force was needed for its extraction. The wound was treated as most other gunshot wounds, were by cold-water dressing. On entering, he had passed no water since his wound, and his water was drawn once; but with this exception, and from this time, he had no disturbance of his urinary or alvine discharges, the bowels and the bladder working normally. The patient had at no time any paralysis, or any symptoms of concussion of the spinal column, a result the more to be wondered at, as the amount of penetration of the shell made it almost positive that the canal was opened and the filaments of the cauda equina must, to a certain extent, have been disturbed, though the fact of the absence of any serious disturbance of the functions would show that the nerve tissue was not bruised. The patient was kept in bed, and on his face, for a week; at the end of two weeks he could sit up, and at the end of a month was dressed and about the wards. He would soon be able to return to duty.

H. A. Durfee, 55th Ohio, wounded at Bull Run, August 30th. Ball entered on level with fifth lumbar vertebra, two inches to right of the median line, and was not found. From the date of his wound, the patient had entire paralysis of the nerves of motion and sensation of the left lower extremity; the right was moved as in health, and was normally sensitive to any stimulus. Two days after entrance, and six days after the wound, opisthotonos supervened, presenting in a very perfect manner the arch mentioned by writers on tetanus. This condition lasted, more or less marked, until his death. During the entire treatment, the patient passed his urine and fæces involuntarily, in bed. He stated that he knew when the urine was dribbling away, but of the fæcal discharges he had no knowledge. From his entrance, this patient gradually failed, never at any time recovering from the state of prostration in which he was first seen. He died Sept 12th.

This case was a very interesting one in life, but some points were brought out by the autopsy, which rendered intelligible the phenomena noticed in the progress of the case. The ball was found to have passed from its wound of entrance into, and pierced the upper sacral vertebra laterally, from right to left; it had passed nearly out from the bone, and was underlying the portion of the sacral plexus formed by the last lumbar and first sacral nerves going to



supply the greater sciatic and pudic nerves and numerous branches to the muscles attached to the femur. Such a condition would of course account for the paralysis of the left lower extremity, and for the incontinence of the urine and fæces.

J. F. Henderson, 57th Penn., wounded at Fair Oaks, May 31st. Ball entered anterior surface of left arm, three inches below head of humerus; passed thence inside of humerus, through axilla, and made its escape just without and about the middle of the axillary border of the scapula; bone nowhere implicated. Cold-water dressing to both wounds.

June 17th.—Posterior wound entirely closed; anterior wound doing well.

19th (twentieth day after the injury).—Without unusual excitement, sudden hæmorrhage, to the amount of twelve ounces, took place from the anterior wound; controlled by pressure on the subclavian artery, and subsequently by tourniquet, with pad in axilla. General condition of patient good.

21st.—Tourniquet removed. Three hours later, renewed hæmorrhage, but in less amount. Tourniquet as before.

22d.—After consultation, the patient was etherized, and the subclavian artery tied just above the clavicle. The arm was well covered and perfect rest enjoined.

26th.—To this date the patient had been doing perfectly well; no hæmorrhage; the arm had maintained its normal heat; no untoward symptom had occurred. In the afternoon of this day he became suddenly very much excited; he was very irritable and desponding, and had the firm conviction that he should die very shortly. No chill or fever. Pulse entirely normal. No local pain or distress, and, in fact, nowhere any constitutional disturbance. He never recovered from this state of anxiety, but quietly sank and died on the 29th, at no time exhibiting any functional disturbance. Autopsy showed small pyæmic abscesses in different parts of the body.

Most writers on pyæmia speak of despondency, irritability and delirium as its concomitants, but I find no mention of these as the first symptoms of the disease. The absence of chill and other signs of general constitutional disturbance, was another marked feature of the case; but the man had been carefully watched, and no symptoms of such character could have escaped unnoticed. The occurrence of secondary hæmorrhage so late as the twentieth day, was still a third noticeable symptom in this case.

G. W. Bevelheimer, wounded at Centreville, Sept. 7th; admitted Sept. 14th. Ball entered over the inferior curved line of the occipital bone, two inches to left of median line; then passed forward, immediately below external meatus auditorius, and escaped by a large, lacerated wound in front of ear. At the end of three weeks from injury, the wounds were rapidly closing by granulation. At this date, however, hearing was entirely lost in the ear of that side, and

in all probability would not return. This case is cited as another of that class where the ball passes in the immediate vicinity of an artery without doing it injury. Several similar cases occurred at the Judiciary Square Hospital during the summer. In this case, the external carotid artery, about at the point where it gives off the internal maxillary artery, was, on entrance, fully exposed, and its pulsation was plainly seen.

Joseph Murray, 109th Penn., wounded at Culpepper Court House, August 9th. Ball entered left side of nose, at lower edge of nasal bone; tract through right superior maxillary bone, and exit half way between angle and articulation of inferior bone on same side. No special sense disturbed. Paralysis of the inferior portion of the orbicularis oculi occurred, undoubtedly from severing of its supplying nerve, whether furnished by the infra-orbital nerve or the portio dura of the seventh pair. One week from injury this patient was about the ward, and, two weeks later, was transferred to convalescent hospital, as not needing further care. In the next bed to this man was—

W. H. Morgan, 61st Ohio, wounded at the battle of the Rappahannock, August 22d. In this case the ball entered the ridge of the nose, on a level with the lower edge of the nasal bone, passed through the right superior maxillary bone and out at the tragus of the right ear; the entire tract of the ball only varying from that in the last case by being moved half an inch to the right. This case also made a speedy recovery.

Joseph Parsons, 2d Maryland, wounded at Bull Run, August 29th; entered hospital September 3d. Ball entered the right temporal fossa, posterior to the articulation of the frontal and malar bones, passed into the orbit, behind the eye, through the intervening bones into the left orbit, and passed out between the lids of the left eye. On entrance, the globes of both eyes were destroyed; considerable pus was being discharged from both orbits; the sense of smell was impaired, but not entirely lost; general health of patient very good. He continued to improve during his stay in the hospital, the discharge from the orbits decreasing, the wound of entrance closing, and the general state of the constitution remaining good.

Oct. 4th.—A fragment of the malar bone was removed by the entrance wound.

The last three cases are cited as examples of the amount of injury which may be sustained by the bones of the face, without either permanent disturbance of any of the special senses, or any danger to life, these instances each presenting thorough *perforation* of the parts.

Many similar cases occurred at the Judiciary Square Hospital during the summer. In one, the ball perforated one malar bone at its centre, passed across and out at the opposite malar bone. Again, a ball entered the superior maxillary bone at the root of the left canine, and made its escape just in front of the ear. And still a

third case, where the ball entered immediately below the malar bone of one side, and passed out through the eye of the opposite side. The great vascularity of the parts about the bones of the face, of course, accounts for the great recuperative power displayed.

Christopher Campbell, 35th New York, wounded at the battle of the Rappahannock, August 22d. Entrance of ball one inch above the symphysis pubis; exit through left greater sacro-ischiatic notch. At no time during treatment was there any trouble with bladder or bowels. The patient had passed his water shortly before the wound, and thus, probably, escaped perforation of the bladder. He had occasional tenderness in the lower part of the abdomen, but at no time any extensive peritonitis. The posterior wound soon closed, but the anterior remained open for some weeks, discharging laudable pus in decreasing amount. I have just learned (Jan. 7th) that he has recently been discharged from service on account of partial paralysis of left leg; otherwise recovered and doing well.

The above cases occurred at the Judiciary Square Hospital, erected in Washington after plans furnished by the Sanitary Commission nearly a year since, and one of the most satisfactory buildings used by Government for hospital purposes. Its construction and the hygienic circumstances under which the patients were placed, have already been spoken of by Dr. Cheever, in the *JOURNAL* of June 26th and October 30th, 1862.

In all these cases, as in most of those under treatment at the hospital, compresses, kept constantly wet, formed almost invariably the only dressing used. During the first stage of inflammation this is evidently the only course to pursue. Through the suppurative stage, the only change made was to thicken the compress and to give still more care to keeping it constantly wet. At this time, too, the water was frequently made slightly stimulant as well as detergent, by the admixture of a small proportion of tincture of myrrh or of liq. sodæ chlor. These preparations had the additional advantage of keeping off the flies, which swarmed about the suppurating wounds. In this stage, too, spongio-pilina would be an admirable application, the only reason for its non-use being its absence from the list of supplies in the Army Regulations and its comparative cost. Poultices—so heartily deprecated by military surgeons, yet so valuable occasionally, and in their place—as far at least as the hospitals in Washington are concerned, are seldom used. Their only advantages, those of protecting the parts from the air and keeping them soft and of uniform temperature, are equally well supplied by the water, with the additional advantage, on the part of the water, of being clean and cheap and always at hand. These remarks do not apply to the carrot poultice, which, under certain circumstances, was productive of the most admirable results. In cases of deep, sluggish and painful wounds, the application of this poultice, during the suppurative stage, restored the discharge of pus, promoted the casting off of the slough, and raised the wound to its proper healthy

tone; a result which the application of other simple or slightly stimulant poultices did not accomplish. During the stage of granulation, the water was in many cases still retained, giving place at times to some simple ointment, or alternating with it day by day.

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DIARY OF A BRIGADE SURGEON, ATTACHED TO THE BURNSIDE  
EXPEDITION. BY JAMES BRYAN, M.D.

[Continued from page 378.]

SATURDAY, March 22d, 1862.—Received from Dr. Cooper, a weekly report of the New Hampshire 6th, as follows:—Number in hospitals, 27; in quarters, 31—to which must be added 24 in the Brigade hospital. The cases in quarters are generally diarrhœa and dysentery; those in hospitals, typhoid fever. I amputated, to-day, the middle finger of the right hand at its junction with the metacarpus, of private —, of the 89th New York, who accidentally shot himself while on guard last night.

Sunday, 23d.—Lieut. Marsh, Aid to Gen. Reno, arrived this afternoon in the Patuxet, bringing despatches from the expedition, together with a letter from Dr. Church. I received an order from Gen. Burnside to report at Headquarters. This day sent 122 convalescents from the different hospitals of the Island, on board the Phoenix, to proceed to Newbern, and join their respective regiments.

Monday, 24th.—Received from Dr. Humphries the following statement of the patients in his hospital:—Smallpox, 13, all recovering; severely wounded or sick, 41; sick in quarters, 68. Total, 122. Discharged, 34; remaining, 88. Also, from Dr. Squires, a statement of 128 sick and wounded. Dr. Smith, of the 89th N. Y., reports 48 in quarters, and 8 in hospital. Of these, one is a gun-shot wound of the shoulder, one an incised wound, penetrating the knee-joint, and one a bayonet wound.

Tuesday, 25th.—Went on board the steamer Patuxet for Hatteras, on our way to Newbern. I parted with the medical corps with regret, for our labors, though arduous, had been pleasant. The Senior Regimental Surgeon, Dr. Humphries, was appointed to succeed me. We arrived at Hatteras in the afternoon, where I landed, to look for letters from home. Gen. Williams had gone to the land of alligators. Surgeon Bache had also gone to Ship Island. Many vessels were lying about the swash, but the Island looked almost deserted. In passing down the Sound, I was much struck with the immense flocks of geese, which crossed our path, in regiments, apparently, brigades, battalions and divisions, always preceded by a long-necked leader. The wild ducks, and other water fowl, were also very abundant. We steamed out of the Sound towards evening, and, passing into the Neuse River, on

Wednesday, 26th, arrived at Newbern at 4 o'clock, P.M., in the midst of a drizzling rain. I slept at the Headquarters of the Gene-

ral commanding. The water of the Neuse, which is a magnificent river, is of the color of coffee, or very strong black tea, and is called cypress water, as it comes from the cypress swamps. It is highly esteemed by captains of vessels, as it purifies itself in a few days, when exposed in barrels to the atmosphere. We found that our horses, mules and other animals drank this swamp water with avidity. The soldiers, also, prefer it to the well water obtained along the coast—the latter, in most cases, being fœtid and abominable.

*Thursday, 27th.*—I am assigned to the charge of "Craven Street General Hospital," which includes the double hospital under the care of Drs. Kneeland and Batchelder, of Massachusetts, the Merchants' Bank Hospital of 60 beds, under Dr. Leonard, of New York, with the Odd Fellows' Hall Hospital, 60 beds, under the care of Dr. Lathrop. The total number of patients in these hospitals is at present 203.

*Friday, 28th.*—I have been all day organizing and arranging hospital affairs, and visiting patients, in consultation with the surgeons. The Provost Marshal has assigned me quarters in the elegant mansion of the late G. W. S., of this place, whose lady has retired to Goldsborough, and whose brother is a rebel officer, now at Fort Macon. I have succeeded in obtaining a full list of the names, regiments and diseases of my patients. Amputated (assisted by Drs. K., B. and L.) the middle finger of private —, at the third joint; double flap operation. Chloroform was administered by Dr. K. A bullet had passed through the third phalanx, entered the palm of the hand, and made its exit an inch and a half above the wrist-joint, leaving four wounds. In another case, a bullet had entered the breast above the right nipple, passed through the lung, and lodged in the back, near the edge of the scapula, just under the skin. A large abscess had formed, which allowed the bullet to float down two or three inches lower. I opened it from below, making a long, oblique, valvular incision, with a sharp-pointed bistoury. On opening the incision with a grooved director, about a pint of non-coagulated fœtid blood, mixed with air and pus, was discharged, much to the relief of the patient. This man was wounded at the battle of Newbern. (I must here venture a general remark on gun-shot wounds of the lungs. It is, that they are by no means necessarily fatal, but always dangerous, and the danger continues a good while after the apparent healing up of the wound. They should in no case be treated lightly; and muscular exertion of all kinds, except that which is necessary to life, should be strictly forbidden for a long time.)

Private — was a case of gun-shot wound, in which a bullet passed through the left forearm, producing a comminuted fracture of the ulna, and tearing its artery. The wound has done tolerably well, until the day before yesterday (two weeks after its occurrence), when a free and dangerous hæmorrhage took place, from the orifices on both sides of the arm. This has recurred some

three or four times, and been arrested only by pressure on the brachial artery, and plugging up the wounds with compressed sponge. Finding that no bleeding took place, on loosening the bandage around the arm, I proposed to Dr. K. to try the effects of moderate pressure, by means of broad unpadded splints and rollers, accompanied with elevation of the limb. The treatment was effectual, and the hæmorrhage was arrested for the time.

*Sunday, 30th.*—Hæmorrhage in the above case occurred again during last night, but was arrested by tightening the bandages.

Private — was a curious case, the bullet entering the face (a Minié ball) just anterior to the ear, and passing through the posterior portion of the superior maxillary bone, was lodged on the hard palate or floor of the nose. The physiological effects of this wound are, first, Deafness of the right ear; second, Loss of sensibility of the cheek; third, Impaired vision of the right eye; fourth, Loss of smell, of right side; fifth, Difficult deglutition, and impaired utterance. The general health, including digestion, remains good. This wound was also received at the battle of Newbern. I dismissed the patient until evening, in order to obtain a probang from the Medical Purveyor, to explore the nasal cavities. When he returned, he brought the bullet in his hand, and stated that having lain down on his back to take a nap, he was suddenly aroused by the sensation of a heavy body falling into the back part of his throat. Promptly turning his head to one side, the bullet rolled out of his mouth. This man was sent home immediately, on furlough for thirty days.

[To be continued.]

## IS PHTHISIS CONTAGIOUS?

By AMOS SAWYER, M.D., HILLSBORO', ILLINOIS.

[Communicated for the Boston Medical and Surgical Journal.]

IN your JOURNAL under date of April 3d, 1862, I notice an article written by Dr. Comstock, entitled, "On the Prevention of Consumption," in which the writer advocates the hypothesis that this disease is contagious. Now although it is true, that phthisis was probably unknown in the New World, till brought from the Old, the aborigines not having it, till fetched hither by the British, and that since their intercourse cases have often appeared among them, yet all this, in my opinion, does not go to confirm the "Italian hypothesis that the disease is contagious." I for one must be considered as occupying the "opposition benches," and my reasons for so doing I will state as briefly as possible.

Having emigrated from Boston, Mass., some twenty years ago, when this portion of the country was comparatively a wilderness, I found that consumption was almost unknown. Occasionally I met with a case, but it *invariably* occurred in *Eastern* emigrants, who,

finding the seeds of that dread monster implanted in their systems, fled to the West, hoping to be benefited, if not radically cured, by breathing the pure air of our prairies.

From 1842 until 1852, I do not remember an instance in which this disease appeared in a native; but since the latter date it has alike attacked the native and the foreigner. Now I hear you ask, how do you account for this, unless it be caused by contagion? I will tell you. Twenty years ago the inhabitants of this portion of the State (who mostly emigrated from Kentucky, Tennessee and North Carolina), lived, summer and winter, almost altogether upon fat "side meat" and corn bread; they would eat, daily, from one quarter to one half pound clear fat bacon, and from three to four ounces of gravy, which when eaten with bread they termed "sop." To be sure game formed a share of their diet, but it was abundant, and they disdained to kill or eat anything unless it was fat. Now remember, during this time I never met with a case of phthisis pulmonalis in these fat-eaters. But in the last ten years there has been a most remarkable change in the diet of these same people. They now eat more fresh lean meat, as mutton, beef, &c.; which is caused by the advance in the price of their pork. Twenty years ago this was worth one and a half cents per pound, making it the cheapest living they could procure; while for the last ten years it has ranged from four to eight cents per pound, making it the most profitable of farm productions; so that they cannot afford to live upon it so exclusively as in former years. Consequent on this change of diet, we find that consumption is spreading with the most fearful rapidity. Such, at least, is my opinion, based, as it is, on *personal* observation.

It is certainly well known that "Russia is almost entirely free from phthisis pulmonalis"; but I cannot admit that the credit of this is due entirely to warm clothing, although this is a valuable adjunct. Is the Russian, with his furs, dressed warmer than the Englishman, or American, with their garments of cloth, when we take into consideration the difference of their respective climates? I think not. The exemption is undoubtedly due more to the diet, which, if I mistake not, consists in a *large proportion of fat*.

We are informed by Dr. Kane, that consumption, as well as the scrofulous diathesis, is unknown among the Esquimaux; and their food, we know, is almost entirely of an oleaginous character.

It is well known that *Eastern* people oppose having animal oils form a part of their daily food, "as it is too gross, and was never intended to be eaten."

Here, then, we have two classes of people—the fat-eaters and anti-fat eaters; in the former we find entire absence of phthisis pulmonalis, in the latter it is discouragingly on the increase.

It is indisputable that *oil* is almost the only remedy that has succeeded in arresting pulmonary phthisis; and therefore it is reasonable to suppose that it will act as a preventive, if we permit it to form a small portion of our daily food. That a deficiency of the oleagi-

nous matters tends to the development of the scrofulous diathesis, is a common opinion.

Let us take, for example, an individual who excludes animal oil from his diet, and examine his case from a physiological point of view. We find that nature is short of fuel, and therefore makes requisition upon other substances; consequently the albuminous group, which is the material for the nutrition and re-formation of the tissues, must be converted into hydro-carbonaceous matters adapted for combustion, and of course the demand for histogenic material cannot be but imperfectly supplied. The blood is therefore impoverished, and becomes incapable of supplying the nutritive functions sufficiently; as a consequence, we see the tuberculous diathesis, and emaciation and death must sooner or later ensue.

It may be asked, why is it that, in this disease, the lungs are more frequently attacked than other organs? I answer, because they are more subject to slight inflammations, as evinced by frequent catarrh; and in repairing the loss consequent upon said inflammation, the blood, from loss of its *histogenic* material, contains a plastic, or caco-plastic substance, deposits the same in the form of the grey or crude tubercle, which after said deposition will, unless expelled, act as a foreign body, producing a further increase of the same material, ultimately terminating in the destruction of the organ.

I would not be understood as advocating a purely "heat-producing diet," but contend there should be a difference in the quality of the summer and winter food, which should be farinaceous in the former, oleaginous in the latter. By adopting this rule, I feel confident we will have a decrease in phthisical patients, as well as a diminution of bilious diseases in the fall.

The fact that consumption made its appearance among the Indians since their association with the whites, is to my mind no proof that it is contagious; as their diet, in common with many other circumstances, was changed thereby. Before the Europeans settled among them, they had an abundance of corn and game; the latter (as any person acquainted with the dietetic habits of the Red Man well knows) they will not, unless forced by the pangs of hunger, kill, or eat unless *fat*. Now as their hunting grounds became settled by the white man, his mode of life had the effect of driving away the game; also the exterminating wars waged against them caused a scarcity of corn (which is good fuel), and thus they were driven to partake of that quality of food which contained but little oil. Hence the appearance of phthisis.

THERE were registered in Scotland during the quarter ending 30th September, 4,558 marriages, being in the annual proportion of 59 in every 10,000 of the population, showing no diminution from the average proportion of former years, and indicating that the general prosperity of the country has not suffered from the American war.



**Bibliographical Notices.**

*A Manual of Medical Diagnosis; being an Analysis of the Signs and Symptoms of Disease.* By A. W. BARCLAY, M.D., Cantab. & Edin., Fellow of the Royal College of Physicians, Assistant Physician to St. George's Hospital, &c. &c. Second American from the Second and Revised London Edition. 8vo. Pp. 451. Philadelphia: Blanchard & Lea. 1862.

THIS is a most excellent work, which we have too long neglected to notice. In England two editions of it have appeared in successive years. It was originally prepared by the author as a help to medical students in the investigation of the cases that might come under their observation in the wards of hospitals and elsewhere, and we may add its usefulness is by no means limited to this special class, but it will be found a most valuable companion to the practitioner in active practice. The author has had peculiar opportunities for the preparation of such a work, having, while holding the office of Medical Registrar of St. George's Hospital, had an opportunity of carefully examining more than twelve thousand patients, and of verifying his diagnosis in many of the fatal cases. The Introduction and first three Chapters are devoted to a general discussion of the province of diagnosis, its methods, the duration and sequence of phenomena, and the general condition of the patient; the remaining thirty-two chapters treat in turn of all the principal diseases which flesh is heir to. The nosology of the work is most excellent, and the distinctive features of each disease are given in a remarkably graphic and interesting manner. In fine, we may say that it makes a most excellent text-book for the use of students, to fix definitely in their minds the outlines and characteristic features of disease, while it ought to be on the table of every practitioner who desires to keep fresh before him the details necessary for a precise and scientific diagnosis. A copious index adds much to the practical value of the work.

*Clinical Lectures on Diseases of Women.* By J. Y. SIMPSON, M.D., F.R.S.E., Professor of Midwifery in the University of Edinburgh, &c. &c. Illustrated with one hundred and two Engravings on Wood. 8vo. Pp. 510. Philadelphia: Blanchard & Lea.

THIS is a reprint of Prof. Simpson's lectures as they appeared in the London *Medical Times and Gazette*, during the years 1859, 1860 and 1861. The publishers have done a good work in thus collecting in a form to be generally available so much matter of such great practical value from this great leading mind in the profession of the present day. The subjects of Vesico-vaginal Fistula, Cancer of the Uterus, Pelvic Cellulitis, Pelvic Hæmatoma, Ovarian Dropsy and Puerperal Mania are very fully treated in this volume, while other more common affections are not neglected. Prof. Simpson's name alone is enough to command the attention of the profession, who will regard this volume as a most valuable contribution to the store of professional knowledge.

**Army Medical Intelligence.***To the Surgeon-General.*

NEWBURN, N. C., Jan. 1st, 1863.

DEAR SIR,—I send you a statement of the present condition of the 24th Regiment, Mass. Vols., and of the loss it has sustained by discharges and deaths, during the last year. The average number of patients in regimental hospital for December, was 19 ; and of the sick in quarters, 80. Of the latter, diarrhœa, coughs, rheumatic pains and chills furnish a large proportion. Many of them are obstinate, and do not yield readily to treatment. The men are now comfortably housed in spacious barracks, which have been erected on our camp ground, on the banks of the Neuse.

During the year past there have been 101 discharges from the regiment, as follows :—For disability, 58 ; to accept commissions, 11 ; by sentence of general court martial, 3 ; by order of War Department, 29.

Of those discharged for disability, the certificates were prepared by Dr. Curtis or myself in 45 cases, for the following causes :—Rheumatism, 7 ; hernia, 6 ; chronic diarrhœa, 4 ; general debility, 4 ; epilepsy, 3 ; disease of the heart, 3 ; asthma, cystitis, phthisis, varicocele, wounds received in action, and deafness, 2 each ; and synovitis, ascites, varicose veins, paralysis, absence of teeth [adontia ?] and intermittent fever, 1 each. In the other 13 cases, the papers were made out by surgeons in charge of General Hospitals, or at the North, and include for the most part sick and wounded soldiers, who went home on furlough. Among those discharged to receive commissions was Dr. John H. McGregor, our late Hospital Steward, who is now Assistant Surgeon in the 12th Massachusetts Volunteers, a promotion he well merited. The band is included among those discharged by order of the War Department.

The number of deaths for the year is as follows :—From disease, 42 ; killed in action, 19 ; from wounds received in action, 4 ; by drowning, 1 ; by accidental shooting, 1. Total, 67. Of the 42 mentioned first, 26 died in the regimental hospital, of the following diseases :—typhoid fever, 13 ; chronic diarrhœa, congestive fever, remittent fever and dysentery, 2 each ; and rheumatism, pneumonia, peritonitis, diphtheria and pericarditis, 1 each. The other cases took place either in General Hospitals, or at Washington, N. C., where two companies of our regiment were stationed last summer, which was a very sickly season at that place. For military purposes it was necessary to cut down a great many trees, which were allowed to remain as they fell, near the village. This fact doubtless had some connection with the endemic, which attacked citizens as well as soldiers. Company D—one of the two companies—lost seven men from miasmatic fever. The present condition of the regiment is good. To-day there are reported in hospital and quarters 101 sick and wounded men. Most of these cases are very trivial—in fact, we have none seriously ill at the present time.

Dr. Curtis is still separated from the regiment, being attached to the Foster General Hospital. Everybody speaks highly of his administration of affairs at Portsmouth, where he was not only Surgeon-in-Chief of the Hospital, but Military Governor of the Island.

With much respect, I am, Sir, your obedient servant,

SAMUEL A. GREEN, *Surg. 24th Mass. Vols.*

To the Surgeon-General.

{ HEADQUARTERS 51ST REG'T MASS. M.,  
NEWBERN, N. C., Dec. 26th, 1862.

SIR,— \* \* \* \* \* The 51st has just returned from the late expedition into the interior, and, as is usual with men unaccustomed to a march, the men suffered considerably from sore feet and kindred complaints, but most fortunately there were but two gun-shot wounds, and those from spent balls.

There are quite a number of cases of diarrhœa and dysentery, while parotitis seems to prevail as an epidemic. We have had about *two hundred* at morning call, but the number is now rapidly decreasing. Affairs in my department are rapidly assuming a more satisfactory character than at my first appearance.

I regret to say that a large number of persons, wholly unfitted for service, have found their way into the regiment, accepted the large bounties, and now beg to be discharged. Among this number I find five or six cases of hernia, two or three of varicose veins of long standing, of organic disease of heart, and one so deaf that he cannot hear it thunder, and also has lost *all his teeth* in the upper jaw, by reason of chronic neuralgia of seven years' standing. Another has a withered hand from destruction of the ulnar nerve, having had his arm half sawed off; his arm had also been broken and improperly set; he had a bad fracture of the clavicle; also a *tape worm*. I made up a list of *nineteen* unfit for service, mainly disabilities acquired before entering the army. These facts are a disgrace to the service, and the medical officers who passed them.

I am happy to find myself very pleasantly situated—could not be more so. The weather is delightfully mild and pleasant. Many of the men bathe in the Trent, upon whose bank our regiment is encamped.

I remain most respectfully yours,

GEORGE JEWETT, Surgeon 51st Mass. M.

To the Surgeon-General.

CAMP RICHMOND, NEWBERN, N. C., Dec. 26th, 1862.

SIR,—I wish you a happy new year, and hope that the natal day of 1863 will find you in good health and in the enjoyment of Massachusetts blessings, and I am sure that they are neither few nor small.

I thought that perhaps you would like to know something of the condition and prospects of the Third Mass. Vol. Militia, and will therefore act upon that supposition.

You are undoubtedly aware that we have but recently returned from an expedition into the heart of the enemy's country, and I may add a "successful expedition," having fulfilled the objects of our mission. The troops under General Foster behaved nobly; the sons of the old Bay State added still more to her glory and fame. Where all did so well, it is hard to particularize, but still I feel compelled to speak of the gallantry of the 3d regiment. For the first time under fire, and in a very trying and critical position, they showed the coolness and promptness of veteran soldiers, obeying every order with alacrity and steadiness. All honor to the brave Third!

Our casualties (thanks to a kind Providence), during the expedition, were very few indeed—none killed and but three wounded, two slightly and one severely. Dieblitch was struck by a piece of shell on the leg. On examination, I found that the upper part of the tibia and fibula and the lower part of the femur were fractured, and a large portion of the muscles of the leg carried away; also that the popliteal

artery was destroyed—of course making amputation imperative. I was therefore compelled to operate at the lower third of the thigh, which I did under fire. The Medical Director allowed me thirty minutes to do the operation and get my patient into an ambulance, as we were very much exposed to shot and shell. I was on time, and had everything properly secured, using extra precaution to prevent bleeding on the road. He was taken 60 miles in the ambulance to Kinston, and there put on board a steamer for Newbern, where he arrived with the stump in excellent condition, and is now doing well; in fact it is the model stump in the Stanley Hospital, the largest hospital in Newbern.

I have been thus particular in detailing his case, from the fact that it is only one of many which are constantly occurring, showing under what unfavorable circumstances military surgeons have to act.

The present sanitary condition of the regiment is very satisfactory indeed, and is much superior to that of the regiments in our immediate vicinity, the 44th and 46th.

Yours, &c.,

A. A. STOCKER, *Surg. 3d Reg't M. V.M.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JANUARY 22, 1863.

**NITROUS OXIDE; ITS MEDICAL PROPERTIES AND APPLICATIONS.**—The following communication relates to a very interesting subject, and we hope the agent recommended may have a fair trial. Dr. Shumard, whose experiments were mentioned in the article recently printed in our pages, is, we see, publishing a fuller account of them in the *New York Medical Times*. There seems no reason to doubt that an agent of so much power as the protoxide of nitrogen, when inhaled, should exert a decided influence on the economy when introduced in a form likely to make its retention in the system more lasting. The aqueous solution has been employed in Asiatic cholera, and it is said with very decided advantage. Water takes up about three fourths of its bulk of this gas, but under pressure can be made to dissolve much more. The adynamic forms of disease have prevailed so extensively among our troops that the government hospitals offer a most admirable opportunity for experimenting with this agent on a large scale. It would seem to be innocuous, at any rate, and the question of its value may therefore be very easily brought to a final test.

**MR. EDITOR,**—In the last number of your excellent JOURNAL you give extracts from a Cincinnati paper, relative to some therapeutical applications of nitrous oxide, which the writer seems to think are new and original with himself. But such is not the case, as the evidence there presented of the efficacy of the protoxide of nitrogen in certain fevers is only confirmatory of the facts and views upon the subject of the peculiar properties and valuable medicinal applications of this remarkable agent, long since and repeatedly advanced by myself in your own pages as well as elsewhere. I have there shown that nitrous oxide possesses powerful hæmatic, neurotic, exhilarant and other characteristic properties, and that it is applicable to the treatment of

numerous and diversified disorders of the animal economy. Also, that it is especially indicated not only in typhus, but likewise in intermittent, congestive, yellow, and all other ataxic fevers, as well as in adynamic states generally. Moreover, that the peculiar constitution, characteristic properties and extensive range of therapeutic application, render the nitrous oxide one of the most valuable remedial agents known. In brief, as I have before stated, my own observations, experiments and experience have taught me that the protoxide of nitrogen, or laughing gas, is a direct, potent and permanent chemico-organic, arterial, nervous, cerebral and general stimulant, diuretic, aphrodisiac and antitoxic; and is thus a valuable hæmatic, neurotic, tonic, secernent, resolvent, alterative, antidote, antiseptic, &c. &c.

The nitrous oxide may be administered either in its gaseous state immediately by the lungs, or be combined with some liquid and thus introduced through the alimentary canal. For obvious reasons, water is the most eligible vehicle for the purpose, and when surcharged with protoxide of nitrogen forms a very convenient and not unpleasant preparation. The addition of aromatic and other compatible agents makes it a very palatable and agreeable beverage.\*

But as I did not intend to enlarge at present upon this subject, I will, in conclusion, refer those interested to the more specific detail of the medical properties and applications of nitrous oxide presented in my previous articles in your JOURNAL. These are respectively entitled—Toxicological, but which should have been, Antidotal Applications of Nitrous Oxide, Vol. XLVI., No. 14; Anæmotosis, its Consequences, Prevention and Treatment, Vol. XLVI., Nos. 22 and 23; Experimental Investigations on the Antidotal and Revivifying Properties of Nitrous Oxide, Vol. XLVII., No. 19; Hæmatosis, its Natural and Artificial Induction, Vol. XLIX., Nos. 3, 4, 5 and 6; Glucosis, Vol. L., No. 11.

In the hope these brief remarks may serve more particularly to concentrate attention upon an agent of superior medicinal value, I am

Very respectfully yours,

GEO. J. ZIEGLER, M.D.

*Philadelphia, January 10th, 1863.*

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**THE LATE DR. S. FOSTER HAVEN, JR.**—We have received the following communications relating to the lamented decease at Fredericksburg of the late Dr. Haven. It was our privilege to have made his acquaintance while he was studying his profession in Boston, and we had an opportunity of appreciating his worth while he was serving as house-pupil at the Massachusetts General Hospital. All who knew him will cordially unite in the sentiments expressed in the resolutions:—

DIED, at Fredericksburg, Va., Dec. 13th, 1862, Samuel Foster Haven, Jr., M.D.

Dr. Haven was born in Dedham, Mass., May 20th, 1831. He graduated at Harvard College in 1852. He applied himself assiduously to the study of his profession, both in this country and in Europe, and became a member of the Massachusetts Medical Society in 1855.

Early in the commencement of the present war, he was attached to the staff of the 15th Regiment Mass. Vols., as Assistant Surgeon, and

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\* The nitrous oxide water is prepared and sold by S. A. Lancaster, Pharmacist, Arch and 10th Sts., Philadelphia.

afterwards was promoted to be its Surgeon. The exemplary manner in which he devoted himself to the discharge of his duties won for him the esteem of both officers and men. His heroic death is thus mentioned in a private letter from his superior medical officer:—

“ Witnessing his self-exposure at the battle of Antietam, I had, as Medical Director of the 2d Division, detailed Surgeon Haven, in a written order, in the event of a battle, to repair to the Division Hospital, and give his services there, instead of in the field with his regiment. When I communicated this order to him, he evidently felt disappointment. He expressed a strong choice to go wherever his regiment went; and when the column, to which the 15th Mass. was attached, was about to pass over the bridge in front of Fredericksburg, he was expostulated with, and reminded of the previous order. But he asked, as a special favor, to be allowed to go with his regiment; and said, as soon as the fight was over, he would return to the hospital and remain there. He went forward, and when a few yards up the street, to which the bridge led, was stricken by a shell from the enemy’s batteries, which put an end to his valuable life in two hours.”

S. H. H.

MR. EDITOR,—In conformity with a vote of the Worcester Association for Medical Improvement, I forward you, for insertion in the Boston Medical and Surgical Journal, a copy of resolutions which were unanimously adopted at the last meeting.

Dr. Haven was Surgeon of the 15th Regiment Mass. Vols., and died at Fredericksburg, Va., Dec. 13th, 1862, of wounds received in the severe battle of that memorable day.

THOMAS H. GAGE, *Secretary.*

*Resolved*, That in the untimely death of Dr. S. Foster Haven, Jr., this Association is called to lament the loss of a member whose large scientific attainments, dignified bearing, and brave fidelity to duty, gave highest promise of professional eminence and public usefulness.

*Resolved*, That in his pure and blameless life, elevated social intercourse, unostentatious benevolence, and scrupulous regard for the rights and feelings of others, we recognize convincing evidence of the refining and ennobling influences of moral and religious culture.

*Resolved*, That to his bereaved parent, our honored fellow-citizen, we proffer most sincere and cordial sympathy in this great and overwhelming affliction; assuring him that the memory of the deceased will remain with us in perpetual freshness, and be cherished with fraternal regard.

MR. EDITOR,—In your issue of Dec. 25th, quoting from Dr. Andrews, 1st Illinois Light Artillery, relative to amputations after the battle of Corinth, Miss., it is said, “ Of all thighs amputated below or at the middle, four fifths were alive and doing finely on the tenth day, when last heard from. This was among the Union troops. Among the wounded Secesh who fell into our hands the same rule was also adopted, but the result was exactly reversed. *Four fifths of similar cases among them died* before the tenth day.” And further: “ There may also be a natural difference in their power of endurance,” &c.

Observations made during a residence of two or three years in Mississippi convinced me that disordered action, as well as that of remedial agents, was far more energetic there than in the North. This difference was apparently attributable to the same causes that stir the passions and send the “ hot blood ” to the temples with such fiery vio-

lence ; causes not always found in the intoxicating cup, for while I adhered rigidly to cold water, even at meal times, the stimulating influence of the climate was unmistakably perceptible in the glow that with each respiration of the fresh morning air was tingling even in one's finger ends. The quantities of medicine required to produce a given effect on a person fresh from the North were often, perhaps always, smaller than would be requisite for those long resident in the South, or even those same persons from the North after the second year.

Thus it will be seen that, other circumstances being equal, a more rapid and energetic treatment will be necessary with Southern than with Northern patients to ensure success ; and should our surgeons give sufficient attention to this point, I doubt not they will find the failure in the case described above was due as much to the lapse of time between the wounding of the secesh and the amputating their limbs, as to any peculiarity in the mode of operating or of the subjects themselves ; for whatever may be said of the powers of endurance in the two classes, the causes I have described would carry the Southerner through a given amount of pain and suffering, or a certain progress of symptoms, in a much shorter time than would be the case with the more cool, less excitable Northerner.

Yours very respectfully, AN EX-SOUTHERN APOTHECARY.

FROM A REPORT OF FIFTY-SEVEN CASES OF AMPUTATIONS, in the Hospitals near Sharpsburg, Md., after the battle of Antietam, by G. J. Fisher, M.D., of Sing Sing, N. Y., published in the *American Journal of the Medical Sciences* for January, 1863, we take the following summary:—

“The whole number of cases of amputations, given in the above tables, is fifty-seven ; the mortality, including two cases where the prognosis is noted as doubtful, amounts to eleven, the percentage being 19·47.

“Of the lower extremities there are twenty-nine cases, of which eight were fatal, if we include the two cases of doubtful prognosis ; the fatality being 27·58 per cent.

“There are twenty-eight cases of amputations of the upper extremities, three resulted fatally, 10·71 per cent.

“Of amputations of the thigh thirteen cases are given, seven were fatal, including one of doubtful prognosis ; mortality 53·84 per cent.

“Sixteen amputations of the leg are recorded, with one fatal case, 6·25 per cent. This *fatal* case was still living, it being by no means certain that he would die ; should he recover, we would have sixteen cases of amputation of the leg, and no fatal result.

“Amputation at the shoulder-joint was performed in only four cases, one died ; mortality 25·00 per cent.

“The arm was amputated in twenty cases, of which two patients died ; 10·00 per cent.

“The amputations of the fore-arm were all successful.

“With regard to the ‘mode’ of performing the amputations, twenty-nine were by flaps ; viz., thigh four, leg nine, shoulder-joint four, arm ten, fore-arm two. The circular method was resorted to in twenty-eight cases ; under this head are included the ordinary circular, and the more decidedly conical mode—viz., thigh circular nine, leg circular six, conical one (=7) ; arm circular eight, conical two (=10).

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" Of the twenty-nine flap operations, five were fatal, 17·02 per cent.

" Of the twenty-eight circular operations, six were fatal, 20·68 per cent.

" The four cases of secondary amputation were all fatal ; it is quite probable that they would have recovered, had the operation been done immediately after the receipt of the wounds.

" The projectiles or missiles inflicting the injuries, as far as could be ascertained, were Minié balls in forty-two instances, 75·00 per cent. ; grape-shot in seven cases, 12·50 per cent. ; fragments of shell in six, = 10·71 per cent. ; musket ball in one, 1·78 per cent. In thirty of the cases joints were directly implicated (54·54 per cent.) ; viz., knee-joint eight, ankle-joint five, shoulder-joint one, elbow-joint fourteen, wrist-joint two.

" In several other cases, the injury is recorded in the tables as a comminution of bones near the joints. In all the cases of amputation a serious lesion of one or more bones had resulted from the projectile ; in no case had the operation been done without the most imperative necessity.

" In the fifty-one cases where it was ascertained which side of the body received the injuries, twenty-eight were on the right side ; viz., six of the thigh, ten of the leg, and fourteen of the upper extremities.

" In twenty-three cases the injury was received on the left side ; viz., thigh five, leg six, upper extremities twelve.

" The nativity exhibits fifty-two Americans, three Germans, and two Irish.

" In reference to ages, the youngest soldier was sixteen years of age, the eldest forty-six. The number less than 20 years of age was ten, from 20 to 30 years thirty-two, from 30 to 40 years thirteen, from 40 to 50 years two.

" In regard to rank, fourteen were officers ; viz., five lieutenants, seven sergeants, and two corporals ; the remaining forty-three were privates,

" Pyæmia is recorded as a cause of death in eight cases.

" Chloroform was used in all the cases.

" Of the fifty-seven cases of amputations, twenty-five were done September 17th, the day on which the battle occurred, most of them at night ; only one case proved fatal.

" Sept. 18, twenty-four amputations were made, three of which were fatal.

" Sept. 19, four amputations, two fatal cases.

" Sept. 20, one amputation ; doing well.

" Sept. 22, 23 and 29, one amputation each day, the first two fatal, and the third probably so.

" It is proper to state that great care was taken to obtain and include the histories of all the fatal cases that occurred from amputations after the battle, at all the houses where the statistics were collected. The writer was particular in his personal examination of all the stumps, and in his observations as to the vital condition of the patients, and in all doubtful cases to consult with the surgeons in charge in reference to the prognosis.

" It may be urged, as an evidence of the entire want of value of the above tables, that the facts were collected too early in the history of the cases, that many cases, from a variety of causes, would terminate



fatally after the sixteenth day from the date of operation. The writer is aware of this objection, but being unable to remain longer with the patients, he was compelled to prematurely collect the materials to rescue the facts from entire loss. He thinks, however, that at the end of sixteen days the *tendency* to recovery or death ought to be quite definitely determined, but his chief apology is, as elsewhere mentioned, that the materials were arranged and published with a view to illustrate a uniform plan of reports, rather than for their intrinsic value."

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**EXEMPTIONS FROM MILITARY DRAFT.**—Dr. Ira D. Hopkins, Jr., reports to the Surgeon-General of the State of New York the result of his arduous labors as Examining Surgeon of applicants for exemption in Oneida County. His report is published in full in the *Buffalo Medical Journal*. The assistant appointed to aid Dr. H. having declined to serve, the whole labor devolved on him, and occupied him, he says, from Oct. 20th to Nov. 22d, at the rate of twelve hours each day. During that time, 4,027 applicants were examined—of whom 986 were recommended to the Commissioner for exemption, and 3,041 were rejected. Among the diseases for which a recommendation for exemption was given, we copy the most prominent:—Disease of the throat and lungs, recommended, 178; refused, 249. Defective vision and loss of sight, 82 and 122. Hernia, 87 and 160. Defective hearing, 78 and 109. Injury to joints, 69 and 136. Disease of heart, 66 and 90. Rheumatism, 42 and 87. Hæmorrhoids and disease of rectum, 42 and 82. Disease of the bowels, 42 and 48. Dr. H. also examined some 700 affidavits taken by the Commissioner, and reports that the complaints stated in 617 of them are, if true, sufficient cause for exemption. The nativity, occupation, height, weight, color of eyes and hair, and complexion, of those exempted, are given by Dr. H., but need not be further copied than to mention that 77 were 6 feet and over in height, and, as a matter of curiosity, that 366 had blue eyes, 338 gray, 158 black, 90 brown, and 34 hazel. The list includes 13 physicians, and (the largest number) 410 farmers.

The report of Drs. J. S. Trowbridge and James E. King, Examining Surgeons for Erie County, N. Y., is also published in the same journal. The total number of applicants in the County is given as 4,031. The number receiving certificates of exemption was 2,848; number rejected, 983. The discrepancy of 200 in these figures is accounted for by supposing that that number, at least, in the rush of business the first two days, were examined and rejected but not registered. In the city of Buffalo, included above, the number of applicants is stated as 1,754. Certificates granted to 1,398; not granted, 856. Among the diseases and disabilities for which certificates were given in this County, we notice:—Injury to joints, 457; defective vision and loss of sight, 195; hæmorrhoids, 176; disease of throat and lungs, 179; myopia, 160; disease of heart, 150; hernia, right inguinal, 145; do. left inguinal, 136; other kinds of hernia, 47; injury to limbs, 141; varicose veins, 105; deafness, 102; rheumatism, 72; deformity of bones of sternum, 50, &c. &c. It is stated that 25 per cent. of the whole number of applications were made on account of alleged injuries to limbs or joints; and 20 per cent. for some kind of hernia or for hæmorrhoids.

DR. SANFORD B. HUNT, of Buffalo, N. Y., and Dr. J. F. Norton, of Fort Edward, N. Y., have received appointments as Surgeons in the U. S. Navy. Both of these gentlemen have been known as medical writers of much ability, and the former was once Professor of Anatomy in the University of Buffalo.

**THE NEXT VOLUME OF THE JOURNAL.**—The 68th Volume of the JOURNAL will be commenced on the 5th of February next. It is hoped that all its present readers will continue their support, and that many new names will be added to the list of subscribers. This is particularly desirable at the present time, as well as a settlement of many old accounts. It has been decided not to increase the annual subscription price. It will be necessary, however, to curtail the expenses of publication in some way; and we shall probably be compelled to reduce the number of pages in the weekly issues, either occasionally when original communications are not pressing, or constantly should the unfavorable state of public affairs continue to operate and make it unavoidable. No efforts will be spared to make the work valuable and acceptable to the profession.

**VITAL STATISTICS OF BOSTON.**  
FOR THE WEEK ENDING SATURDAY, JANUARY 17th, 1863.  
DEATHS.

	Males.	Females.	Total.
Deaths during the week	61	32	83
Ave. mortality of corresponding weeks for ten years, 1853—1863,	38.4	37.0	75.4
Average corrected to increased population	00	00	83.10
Death of persons above 90	0	0	0

*Mortality from Prevailing Diseases.*

Phthisis.	Croup.	Scar. Fev.	Pneumon.	Varicella.	Dysentery.	Typ. Fever.	Diphtheria.
15	9	2	5	0	0	1	1

**PAMPHLETS RECEIVED.**—The Third and Fourth Reports by Frederick N. Knapp, Special Relief Agent of the Sanitary Commission for relieving sick soldiers passing through Washington.—Preliminary Report, by E. B. Elliott, Actuary to the U. S. Sanitary Commission, of the Mortality and Sickness of the U. S. Volunteer Forces.—Annual Register of the Rensselaer Polytechnic Institute, at Troy, N. Y.—Ninth Report relating to the Registry and Returns of Births, Marriages and Deaths in the State of Rhode Island, for the year 1861.—Seventh Annual Report of the Trustees of the Massachusetts State Lunatic Hospital at Northampton.—Report of the Superintendent of the New England Soldiers' Relief Association, New York.

**MARRIED.**—In this city, Jan. 17th, Dr. George B. Harriman to Miss Mary E. Stanley, both of Boston.—In Calais, Me., 8th inst., Dr. James F. Harlow, of this city, to Miss Augusta A. Shepherd, of Calais.—In Clinton, Jan. 15th, Dr. George M. Morse to Mary Frances, daughter of Dea. Wm. Stearns, both of C.

**DIED.**—In Charlestown, Jan. 17th, George Cutler, M.D., 48 years 10 months.—In North Bridgewater, Jan. 13th, Dr. Thomas Stockbridge, aged 70 years.—In South Danvers, Jan. 10th, of typhus fever, Dr. Benjamin W. Robinson, of Topsfield, formerly of Marblehead, 28 years 9 months.

**DEATHS IN BOSTON** for the week ending Saturday noon, Jan. 17th, 83. Males, 51—Females, 32.—Accident, 2—aneurism, 1—apoplexy, 1—congestion of the brain, 1—disease of the brain, 2—bronchitis, 3—cancer, 3—consumption, 15—convulsions, 4—croup, 9—diarrhoea, 1—diphtheria, 1—dropsy, 1—dropsy of the brain, 2—erysipelas, 2—scarlet fever, 2—typhoid fever, 1—gastritis, 1—disease of the heart, 3—infantile disease, 1—intemperance, 2—congestion of the lungs, 2—inflammation of the lungs, 5—marasmus, 3—old age, 1—pemphigus, 1—premature birth, 3—disease of the spine, 1—purpura, 1—unknown, 8.

Under 5 years of age, 37—between 5 and 20 years, 9—between 20 and 40 years, 14—between 40 and 60 years, 17—above 60 years, 6. Born in the United States, 62—Ireland, 17—other places, 4.

## MEDICAL JOURNAL ADVERTISING SHEET

### MEDICAL DEPARTMENT OF THE UNIVERSITY OF VERMONT.

#### Faculty.

Rev. JOSEPH TORREY, D.D., Acting President.  
SAMUEL WHITE TRAYER, Jr., M.D., Burlington,  
Professor of General and Special Anatomy.  
WALTER CARPENTER, M.D., Burlington, Professor  
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DAVID S. CONANT, M.D., New York, Professor  
of the Principles and Practice of Surgery.  
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Obstetrics and Diseases of Women and Children.  
R. CRESSON STILES, M.D., Pittsfield, Mass.,  
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Professor of Chemistry and Toxicology.  
CHARLES L. ALLEN, M.D., Professor of Principles  
and Practice of Medicine.  
EDWARD BRADLEY, A.M., M.D., Demonstrator  
of Anatomy.  
S. W. THAYER, Jr., Burlington, Dean of  
Medical Faculty.

The next Annual Course of Lectures will commence the last Thursday, being the 27th, of February, 1883, and will continue 16 weeks.

#### Conditions of Membership.

At the commencement of the Session, every Student is required to call on the Dean and enter his name and place of residence, and the name and place of residence of his Preceptor, in the Register, and pay all fees for the course.

Fees.—Matriculation, \$3.00. Dean's Certificate (entitling the holder to the Tickets of each Professor), \$50.00. Graduation, \$18.00.

Students who have attended two full courses in other regular Medical Institutions, will be admitted on payment of the Matriculation fee, and a fee of \$10. Graduates of this and other regular Medical Schools, are invited to attend the Lectures, free of charge.

Dec. 4—11.



#### ARTIFICIAL LEGS,

"PALMER'S PATENT," improved, superior in mechanism and utility. Hands and arms of superior excellence. Feet for limbs shortened by *Hip Disease*, new, unique and useful. Surgical apparatus and treatment for diseased and deformed limbs. By E. D. HUDSON, M.D. (late Palmer & Co.) Clinton Hall (up stairs—only office), Eighth St., or Astor Place, New York.

References to the first New York surgeons and others. Send for pamphlets. Aug 14

**BURNETT'S PURE COD-LIVER OIL.**—Carefully Prepared only from Fresh and Healthy Livers, by THEODORE METCALF & Co., Apothecaries, 39 Tremont street, Boston, Mass., sole proprietors.

From Pereira's *Materia Medica*, Vol. II., Part II. page 2943.

"The experience of the profession at large appears now quite to have established the fact that Cod-Liver Oil, is one of the most efficacious of all remedies in arresting the progress of pulmonary phthisis; that it enables patients to struggle on longer against the inroads of the disease, and thus enables them sometimes to obtain cicatrization and contraction of cavities which otherwise must have produced speedy death." Dec. 13.

**DR. HENRY W. WILLIAMS,**  
15 Arlington St., Boston (opp. Public Garden)  
Special attention given to Diseases of the Eye.  
Nov. 5, 1848.—edtf

**DR. HASKET DERBY,**  
No. 6 Beacon Street,  
Gives his exclusive attention to Diseases of the Eye. Office hours, 9 to 11 A.M., and 4 to 6 P.M.  
Dec. 26—1 yr

**CURTIS'S CURE FOR BALDNESS**—for sale, wholesale and retail, by I. BARTLETT PATTEN, Druggist, corner of Harrison Avenue and Beach st., Boston. March 16

**ALBANY MEDICAL COLLEGE.**—Two full courses of lectures are delivered annually in this Institution. The Spring Course commences on the second Tuesday in February, and the Fall Course on the first Tuesday in September. Each course continues sixteen weeks. Degrees are conferred at the close of each term. Fee for full course, \$65. Graduation fee, \$20.

Materials for dissection are abundant, and furnished to Students on as reasonable terms as at any similar Institution in the country. A spacious Hospital has been opened nearly opposite the College, to which Students are admitted free of charge. Weekly Cliniques are held in the College.

Boarding, from \$2.50 to \$3.50 per week.

ALDEN MARSH, M.D., Prof. of Principles and Practice of Surgery.

JAMES MCNAUGHTON, M.D., Prof. of the Theory and Practice of Medicine.

JAMES H. ARMSBY, M.D., Prof. of Descriptive and Surgical Anatomy.

HOWARD TOWNSEND, M.D., Prof. of Materia Medica and Physiology.

CHARLES C. FOSTER, M.D., Prof. of Chemistry and Medical Jurisprudence.

JOHN V. P. QUACKENBUSH, M.D., Prof. of Obstetrics and Diseases of Women and Children.

J. V. P. QUACKENBUSH, Reg'r.  
Albany, May 8, 1862.—U

**GARDNER'S PERMANENT SOLUTION OF FERRI PROTOXIDE OF IRON.**—The attention of the Medical Profession is called to this novel and eminently successful preparation of Iron. It is becoming so well known, and so generally used, although but a short time before the public, that it has already taken its place among the standard preparations of the day. It contains 40 grains of Ferri Protoxide to the fluid ounce, and is prepared in two forms—bitter and sweet; the former the result of a combination of a vegetable tonic (Quassia, containing no Tannin, whereby a precipitate of Tannate of Iron is avoided) with the mineral. The rapidity with which this article is assimilated is really surprising, usually producing observable effects in chlorosis in from three to six days.

Jersey City, N. J., Feb. 15, 1883.

I have tested the preparation of Mr. Gardner, known as the "Lic. Ferri Protoxide," and find it to be decidedly the most efficient preparation of that mineral I have ever prescribed; being prepared with a vehicle at once palatable and acceptable to the stomach, it is readily administered. I have no hesitation in giving Mr. Gardner's preparation the preference over all other preparations of that mineral, for those peculiar morbid conditions of the human organism where the use of Iron is indicated.

PHILIP N. BENDERLING,

President of Hudson County Med. Society.

Manufactured solely by the proprietor, ROBERT W. GARDNER, Druggist and Chemist, Jersey City, N. J. JOSEPH WATSON, General Agent, 31 Park Row, N. Y. Wholesale Agents for Boston, S. M. COLCORD & Co., cor. Hanover and Portland sts. July 31.—6m.

**VACCINE VIRUS.**—The Subscriber proposes to furnish (by mail, postage free and securely packed in small metallic boxes contrived for the purpose) Vaccine Virus, of guaranteed freshness, purity and efficiency, to physicians in all parts of the United States and Canada, at the following rates:—12 quills (prepared in such a manner that the lymph cannot chip off), \$1.00. Recent crusts (resulting from the drying of perfect, unruptured and uncomplicated vesicles, securely mounted in gutta percha, so that they can be used with great facility and without breaking or waste—small, but perfect, each \$1.00; very large and fine, each \$2.00. When orders for quills are received from a considerable distance, such only will be sent as have been charged on the day in which the orders are received, and in no instance shall quills be sent that have been dipped more than three days.

All orders answered by return of mail. Should virus fail to give perfect satisfaction, the undersigned will remit a fresh supply, if notified within ten days. Address

DR. HENRY A. MARTIN,

Roxbury, Mass.

References.—Dr. Walter Channing, Boston; Dr. Oliver Wendell Holmes, Boston; Dr. R. D. Massey, Boston; Dr. Henry Bartlett, Roxbury; Dr. Dixi Crosby, Hanover, N. H.; Dr. Josiah Crosby, Manchester, N. H.; Dr. Gilman Kimball, Lowell, Mass.; Dr. S. W. Thayer, Burlington, Vt. June 7—15

## MEDICAL JOURNAL ADVERTISING SHEET.

**THEODORE METCALF & CO.,** APOTHECARIES, 39 TREMONT STREET, have this day admitted Mr. THOMAS DOLIBER as a partner.

They will continue to give their personal attention to compounding Physicians' Prescriptions and Family Medicines, and to the sale of *Pure Drugs and Chemicals*.

They are supplied from foreign and domestic sources with all the *NEW REMEDIES* as they appear, which they offer to Physicians and Dealers, with a good assortment of *Surgical Instruments*, and all the *finer Drugs and Medicines*, at reasonable prices.

T. METCALF, WM. W. GOODWIN, T. DOLIBER.  
Jan. 1, 1863. Jan. 22-17.

**LONG ISLAND COLLEGE HOSPITAL, Brooklyn, N. Y.** Session for 1863. The Session for 1863 will begin on the 12th of March, and continue sixteen weeks.

*Board of Regents.*  
Hon. SAMUEL SLOAN, President.  
GUSTAVUS BRITT, Esq., Sec'y.

*Council.*  
T. L. MASON, M.D., G. I. MITCHELL, M.D.  
WM. H. DUDLEY, M.D., J. H. HENRY, M.D.

*Professors.*  
AUSTIN FLINT, M.D., Prof. of Practical Medicine and Pathology.

FRANK H. HAMILTON, M.D., Prof. of Military Surgery, Fractures and Dislocations.

JAMES D. TRASK, M.D., Prof. of Obstetrics and Diseases of Women and Children.

R. OGDEN DOREMUS, M.D.,\* Prof. of Chemistry and Toxicology.

JOSEPH C. HUTCHISON, M.D., Prof. of Surgery and Surgical Anatomy.

AUSTIN FLINT, Jr., M.D., Prof. of Physiology and Microscopic Anatomy.

DEWITT C. ENOS, M.D., Prof. of General and Descriptive Anatomy.

EDWIN N. CHAPMAN, M.D., Prof. of Therapeutics, Materia Medica and Clinical Midwifery.

GEORGE K. SMITH, M.D., Demonstrator of Anatomy.

\_\_\_\_\_, M.D., Assistant to Prof. of Chemistry.

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The fees for a full Course are \$100. Matriculation fee, \$5; Demonstrator's fee, \$5; Graduation fee, \$25; Hospital Ticket, gratuities.

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**CONSUMPTION IN NEW ENGLAND,** or Locality one of its chief Causes. An Address delivered before the Massachusetts Medical Society, May 28th, 1862, by HENRY I. BOWDITCH, M.D.

Copies of Dr. Bowditch's Address, separate from the Annual Proceedings of the Society as published for the members (making a pamphlet of 100 pages, with a colored map and diagrams), are on sale at the Journal office, price 75 cents, and will be sent by mail, postage prepaid, on the receipt of the money. Jan. 1

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S. M. STICKNEY, M.D.

Pepperell, Oct. 18, 1860. Jan. 9, '63-177

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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SAMUEL L. ABBOT, M.D.

**Whole No. 1822.]      Thursday, Jan. 29, 1863. [Vol. LXVII. No. 26.**

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## HARVARD UNIVERSITY.

### Summer Session of the Medical Department.

THE annual course of summer instruction in the Medical Department of Harvard University will commence at the Massachusetts Medical College, in North Grove Street, Boston, on Monday, March 16, 1863, and continue till November.

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 March 18

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Opium Pills,	1	" of Iron,	2
Calomel Pills,	2	Willow Charcoal,	2
Opium et Acet. Plumb., each	1	Diascordium,	2
Extract of Rhatany,	2	Anderson's Antibilious & Purgative,	2
Compound Rhubarb,	3	Extract of Gentian,	2
Compound Colocynth,	3	Iodide of Potassium,	2
Compound Squilla,	4	Calcined Magnesia,	2
Dover Powders,	3	Rhubarb,	2
Carbonate Iron, Vallett's formula.		Ergot Powder, covered with sugar	
Carbonate of Manganese and Iron.		as soon as pulverized,	2
Kermes,	1-5	Phellandria Seed,	2
Santonine,	½	Washed Sulphur,	2
Bi-Carbonate of Soda,	4	S. N. Bismuth,	2
Meglin,	1	Tartrate Potassa and Iron,	2

## GRANULES.

Of 1-50 of a grain each.

Aconitine,  
Arsenious Acid,  
Atropine,  
Digitaline,

Morphine,  
Strychnine,  
Valerianate of Atropine,  
Veratrine.

Of 1-5 of a grain each.

Tartar Emetic,  
Codeine,  
Conicine,  
Extract of Belladonna,

Extract of Hyosciamus,  
" of Ipecac,  
" of Opium,  
Proto-Iodide of Mercury,

Lupuline,  
Extract Nux Vomica,  
Veratrine,  
Sulphate of Morphine,  
Cerroise Sublimate,  
Nitrate of Silver,  
Extract of Hyosciamus,  
Colchicum (each granule equal to two drops of tincture.)

gr. ½		gr. ½
Extract Rad. Aconite,		½
Emetine,		½
Iodide Mercury,		½
Valerianate Morphine,		1-8
Acetate Morphine,		1-8
Digitaline,		1-24
Strychnine,		1-12

## DRAGEES.

Copaiba, pure solidified,  
Copaiba and Cubebs,  
Copaiba, Cubebs and Citrate Iron,

Cubebs, pure,  
Cubebs and Alum,  
Cubebs, Rhatany and Iron.

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CASE OF HYDROPHTHALMIA AND ENUCLEATION OF THE  
EYEBALL.

[Read before the Boston Society of Medical Observation, January 19th, 1863, and communicated for the Boston Medical and Surgical Journal.]

BY B. JOY JEFFRIES, M.D.

Mrs. A. B., æt. 25, low stature, very stout, residing in New Brunswick, began, in May or June of 1854, to have a "burning sensation" in the left eye, accompanied with "general pain" in the eye and redness. This latter was "better and worse at times." The pain was almost continuous. She applied to regular physicians, all of whom recommended poulticing the eye. This she did three or four times, but "came to the conclusion that poultices would not do, and so left them off." She afterwards used vinegar and water. The eye still seemed for a long time to remain *in statu quo*. In August of the following year, 1855, she came to Boston, and staid through the winter, going in the spring of 1856 to reside in a neighboring town, where she has been since.

At this time, four years ago, she applied to a physician of this city, with pain and inflammation in the eye. Patient says she was told that she must wait, because the other eye would get into the same state, and then an operation on both would cure them. Repeatedly replied that no name was given to the disease, and says that at that time the cornea ("the sight of the eye") was not transparent, she being at the time just able to count fingers. A stimulating wash was ordered, to be followed by a soothing one. These had no effect on the pain or inflammation.

She afterwards applied to another physician, who also did not name the disease, but directed a wash, which, however, had no effect. One year ago, in the fall of 1859, she went to a quack three times a week for three weeks. So far as can be made out from patient's description, he punctured the eyeball behind the ora serrata. This seemed to relieve the pain for about one day, and then it came back again. She afterwards went to him again, in all, she thinks, some four or five months. After this, she went to another quack oculist,

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who said the affection was "nothing," and applied some very strong wash, "which flashed pain so over the side of the head that she forgot the pain in the eye, but in a little while it came back again." To this one she went but a few times. Had been advised but did not try spiritualism, &c. &c. Was told by a physician in the town where she resides, that the disease was "floating cataract."

In July of 1860 she applied at the Massachusetts Eye and Ear Infirmary, where the surgeon in attendance told her that the eye should be removed. Dissatisfied with this, she went away. The record on the books of the Infirmary is: "Disorganization of the left eye. Pain off and on for six years. Swelling two years. Choroid shining through. Exudation points in cornea."

The same day she came under my care, the condition of the eye being as follows. Upper and lower lid of left eye somewhat swollen and discolored by venous congestion. Globe enlarged and apparently protruding. Lids could be easily closed over it. Corneal curve reduced to that of the sclerotic. Cornea filled with patches, apparently extending through its whole thickness, of whitish deposit. These were not sufficient to prevent the iris being seen, which appeared somewhat pressed back. The anterior chamber large. Iris apparently of natural color. Pupil small, and, so far as could be seen, black. Conjunctival vessels enlarged and distended. Anterior choroidal vessels distended, and irregularly showing through the sclerotic, with dark blue color. From the enlargement of the eye, the congestion, and this bluish-black look of the anterior portion, the first glance would have very naturally suggested melanotic growth. To the touch, the eyeball was yielding, but elastic, the cornea bending and altering its curve as readily apparently as the sclerotic. The pain had been continuous—worse at night, less in the morning. There was no pain, and had been none, in the other eye, which appeared perfectly normal. With the affected eye the patient could count fingers held before it, and exhibited much greater power of vision than the general appearance of the eye would have indicated. This showed that the *choroid*, posterior to the *ora serrata*, and the *retina*, could not have become affected, at least to any great extent. The external appearances were also limited to the anterior third of the globe.

The case was therefore considered to be one of serous inflammation of those portions of the eyeball supplied by the long ciliary and muscular arteries and their accompanying veins, or if a recognized name is asked for it, *staphyloma scleræ anticum (annulare)*, dependent upon hydrophthalmia anterior. The course and distribution of the above-mentioned arteries and veins may be seen in Soemmering's beautiful plates, which have been copied ever since they were published, the latest re-issue of which may be found in Thomas Nunnally's work "On the Organs of Vision," London, 1858. It will be seen that the anterior third of the bulb has quite an independent vascular circle. And this will explain why Beer, so many years

ago, in Vienna, was correct in his acute division of internal inflammations of the ball into anterior and posterior. In examining the German, French and English modern treatises on the eye, it will be found that Arlt, now in Vienna, gives in his hand-book the best description, and the above explanation, of this form of hydrophthalmia. (Buch III., pages 12 and 20.) It is also dwelt upon in Stellwag von Carion's work, just published. Other authors do not seem to have given it so much notice as it perhaps deserves.

The first question which naturally presented itself was, is this a case for iridectomy? This was answered in the negative. There were no signs of great internal pressure. The bulb was soft. Moreover, the cornea was so yielding, with apparently commencing softening and degeneration, that any large opening of the anterior chamber was contra-indicated. Von Graefe, from his own experience of iridectomy in hydrophthalmia, says: "I have not seen any injurious effect from the formation of artificial pupil, but neither have I been convinced of any curative action, so that at present I cannot recommend imitation in similar cases."—Sydenham Society's Translation of Von Graefe's Iridectomy in Glaucoma.

The choice, therefore, was between simply puncturing the eye and enucleation or sinking. As there had been no pain as yet in the other eye, and the sight was still sufficient to distinguish fingers, &c., the patient was told that there was a *possibility* of saving the eye by repeated puncturing the cornea. Being very averse to having the eye removed, she readily agreed to this. The cornea was punctured with a reclination needle, and a large portion of the aqueous humor allowed to flow off. There was instant relief from pain, the conjunctival inflammation decreased, and also the swelling of the lids. This state lasted for a fortnight, when the patient returned with pain in the eye. The eye had improved in appearance, and was again punctured, with immediate relief as before. The anterior chamber was thus punctured on the return of pain or uneasiness every little while (that is, at intervals of a few days to a fortnight) from this time, the latter part of July, till about the first of October, at which time there were symptoms of returning conjunctival inflammation. The patient was now told that the chances of restoration of sight were very small, and that it was better to remove the globe. The cornea, however, was again punctured, and the patient returned home, the eye feeling quite easy. She was told that if there should be any increased pain in the affected eye, or any pain in the other eye, she must come to Boston prepared to have the globe removed immediately.

Oct. 11th, pain came on very severe at night, lasting all night; in the morning there was complete loss of sight and great pain, also pain in the *other eye*, which she never had had before. The following day she came to Boston, with the pain still continuing. There was general conjunctival reddening, the lids swollen, and pain in the other eye. She was told the eye must be at once removed. This

was done the following morning, under ether. It was intended, if possible, to remove the globe from within the capsule. From the projection of the anterior portion of the globe, the external rectus muscle, which it was intended to grasp with the forceps (together with the conjunctiva above it), was seized with difficulty. The inflammation had fastened it down to the bulb, so that the muscle was stretched through its opening in the capsule before it could be cut off. The other muscles presented no great difficulty. The conjunctiva was cut off pretty close to the cornea, with the exception of that portion, as we have said, lying over the external rectus. There was some bleeding from the conjunctival vessels, which soon stopped upon removal of the globe. A simple cold-water dressing was applied over the lids, with a bandage to keep it in place. Nothing was put between the lids. The effects of the ether lasted some little time, but in the afternoon, when the patient was again seen, she reported no pain in the socket, simply an uneasy sensation when attempting to open the other eye. No pain in the other eye, and much more comfortable than for some time past. The few following days, apparently from the ether, there was dizziness, slight nausea and loss of appetite. On the third day there was some swelling of the lids and cheek, which cold applications reduced. On the fifth day after the operation she was up, and on the tenth felt able to, and did, return home, some fifteen miles from the city, having had no pain in the socket of the eye removed, and no pain in the other eye, Oct. 24th, 1860.

Nov. 17th, five weeks after, the patient came to Boston on account of some muco-purulent discharge from the orbit. The parts had cicatrized well, leaving a good deal of motion to the remaining capsule. The conjunctivitis, which had caused the discharge, was probably aggravated by the lids turning in and producing irritation. Had had no pain or trouble. Thorough washing with warm water, and occasional injections of arg. nit. gr. iij. to  $\frac{1}{2}$  i. aquæ, were ordered.

Dec. 19th, one month later, patient appeared, having still a slight secretion from the orbit. Can work about with right eye, and read in daylight, but not by candle-light. Has been no pain. Was told she could now wear a false eye. She had one selected, and commenced wearing it.

Dec. 3d, 1861, a year afterwards, patient reports that there is, and has been, a constant discharge from orbit. The conjunctiva appeared slightly irritated, and some puro-mucous secretion. She wears the eye about half the time. Prefers to wear it, as it is much more comfortable. Uses the other eye for sewing, reading, &c., without having to think about it. Ordered the same solution as before, when the discharge was profuse.

Jan. 17th, 1863.—Patient's husband applied to-day in reference to procuring another artificial eye, the first having been accidentally broken about a year ago. Says there is still some discharge, but no

pain or other trouble in the remaining eye. Prefers to wear an artificial eye.

*Examination of the globe 9 hours after removal.*—Bulbus has portion of external rectus attached to it. Posterior half of bulb not much if any enlarged. Anterior half enlarged. Cornea flattened, soft, irregularly opaque, showing marks of punctures. Iris just visible. Pupil small. On section through the plane of the longitudinal axis, anterior chamber perfect. Pupil closed with thin layer of lymph, and edge of iris attached to the lens. Lymph on anterior surface of iris. Curve of cornea same as that of sclerotic. Cornea not thinned, no marks of ulceration. Where opaque, so entirely through. Fibres of section, under the microscope ( $\times 250$ ), irregularly broken, and not interlaced as natural. Line of demarcation between cornea and sclerotic not well defined in section. Lens clear. Nucleus moderately well marked. Ciliary muscle not very well developed, *apparently atrophied*. Posterior half of the eye appeared healthy. Vitreous humor clear, and *not* broken down. Retina apparently healthy, not detached. The optic nerve entrance looked healthy. The vein distended with blood. Choroid coat not rich in pigment, although the anterior pigment layer did not appear broken down within the range of the retina; anteriorly to this it did not appear so regular. Portions of choroid from equator of the eye, under the microscope, appeared healthy. In fact, all behind the ciliary muscle was well adapted to study the pure anatomy of the part.

*Remarks.*—Whether to remove the globe or sink it, has always been a question of debate. In the above case there seemed to be no doubt, as the other eye had become affected from sympathy, and therefore it was desirable to remove all cause of irritation, such as a suppurating stump would have been. And since the anatomists have revived the surgeon's remembrance of the existence of the capsule of Tenon, enucleation has, where practicable, taken the place of extirpation.

As the standard works in our language on anatomy do not seem to recognize the existence of Tenon's capsule, perhaps it may not be out of place to recal its anatomy and bearing on surgery here. It was imperfectly known to Galen, who says: "Sexta quædam tunica extrinsecus prope accedit, in duram tunicam inserta." (De usu part. cap. 2.) Reald. Columbus, in his "de re anatomicâ," Venet., 1559, lib. x., calls it "tunica innominata." Tenon, 1804, described it more fully in his "Mémoires et observations sur l'Anatomie," page 200, and it has received his name, Hyrtl calling it "fascia Tenoni," or "tunica vaginalis bulbi." Malgaigne was the first to point out its surgical importance. He considered it an aponeurosis, and called it albuginea. In 1841, O'Ferrall, in Dublin, and about the same time Bonet, in France, *re-described* this membrane. The former's treatise may be found in the 19th volume of the *Dublin Journal of Medical Science*, 1841. An extract from this, with a good drawing

of a dissection, is in "Haynes Walton's Operative Ophthalmic Surgery," London, 1853.

The capsule is a fibrous membrane, commencing at the edge of the orbit, running behind the conjunctiva on to the globe up to the cornea, from thence back over the bulb to the optic nerve. Of course, in operating for strabismus, the object is to keep within it, and cut the muscle after it has penetrated the sheath of the globe, in which the latter readily turns, being loosely connected with the sclerotica.

The following method of operating for enucleation is not generally described, but is simplest. The conjunctiva over the outer or inner rectus is raised with forceps and cut with curved, probe-pointed scissors, the sclerotic insertion of the tendon seized and firmly held with forceps. The tendon cut with scissors. Then the conjunctiva slit up close to the cornea, the other straight muscles, or rather their tendons, divided with the scissors. Next the optic nerve, when the globe comes forward, and we separate the oblique muscles, leaving the capsule and the muscles attached, to move it when an artificial eye is adapted.

#### DIALYSIS.\*

HUMAN ingenuity is advancing the art of chemical analysis with rapid strides. It is becoming no easy matter to keep oneself at all *au niveau* with the discoveries in this department of science. While yet fascinated with the beauties and subtleties of Spectral Analysis, our attention is claimed for another analytical discovery, less beautiful it is true and less subtle, but susceptible of much wider application, yielding results of greater practical value, and therefore possessing more immediate interest to us as medical men. We allude to the discovery of Dialysis, which we owe to Mr. Graham, the present Master of the Mint. It may be fairly described as a kind of royal road or short cut, enabling us to arrive at analytical results previously unattainable, or attainable only by processes far more complicated, far more open to fallacy. Except in rare instances it employs no chemical reagents; it achieves its end merely by availing itself of certain physical properties inherent in the substances to be analyzed. Our readers may possibly welcome an account of the principles of this new analytical process, the mode of its practical application, and the peculiar, valuable results it enables us to attain.

Dialysis may be defined as analysis effected by liquid diffusion—in other words, the separating of liquid substances from each other by taking advantage of their different rates of diffusibility under particular circumstances. Our knowledge of the laws of liquid diffusion was exceedingly imperfect up to the summer of last year,

\* "Graham on Liquid Diffusion applied to Analysis," *Royal Society's Transactions* for 1861, Part I. "Redwood on Dialysis," *Pharmaceutical Journal* for April, 1862. "Daubeny's Lectures on Agricultural Chemistry," *Gardeners' Chronicle* for December 7 and 14, 1861.



when Mr. Graham published the results of his elaborate researches on this subject. So much of these results as is necessary in order to understand the principle of dialysis, we will endeavor very briefly to explain.

First. There is a great difference in the diffusibility of different substances in the liquid state, just as there is in the gaseous state. If by means of a pipette we convey a solution of any substance (a salt for instance) to the bottom of a jar of distilled water so as to form a distinct stratum, and then leave the jar undisturbed in a uniform temperature, the dissolved salt will always diffuse into the superincumbent water at a certain rate within a certain time. This rate will vary with the nature of the medium into which diffusion takes place; if, for instance, some other fluid be used instead of water. Briefly expressed, the fact amounts to this—that “different substances in solutions of equal strength diffuse unequally in equal times.” (Redwood.) For instance, common salt diffuses into water twice as fast as Epsom salt, and this latter twice as fast as gum Arabic. Again, if instead of a single substance we convey a mixed solution of two or three substances to the bottom of the said jar, these substances, notwithstanding their mixture, will still maintain their respective rates of diffusion, the more diffusive body travelling most rapidly and showing itself first and most largely in the upper strata of superincumbent liquid. Hence, what in the case of a single body is mere diffusion, in the case of two or more bodies mixed together is a diffusive separation of them from each other. Such separation of them will be more or less complete in proportion to the difference between their respective diffusibilities.

Secondly. Between highly diffusive substances on the one hand, and feebly diffusive substances on the other, Mr. Graham has established some important grounds of distinction. The only one, however, which concerns us at present is this—viz., that the former affect the crystalline condition, while the latter are not crystallizable, and have, further, the peculiarity of becoming gelatinous when combined with water. Hence, highly diffusible substances he classes together as “crystalloids,” and feebly diffusible ones as “colloids” (from *collin* or gelatine, the type of the class). Among the colloids are hydrated silicic acid, hydrated alumina, and other soluble metallic peroxides, isomorphous with the latter body, together with gelatine, albumen, starch, dextrin and the gums, caramel, vegetable and animal extractive matters.

Now, it is characteristic of the bodies just mentioned that, while they are more or less permeable to crystalloids, they are wholly impermeable to other colloids like themselves which may be in solution. For instance, suppose a layer of firm jelly, or some other colloid of a more convenient nature (such as an animal membrane) to be interposed between water on one side, and a mixed solution of common salt and albumen on the other, it will wholly intercept the albu-

men, but will allow the salt freely to diffuse through its substance into the water on the opposite side.

It is plain, therefore, that although, as was above shown, simple diffusion into water will partially separate mixed bodies from each other, a far more complete separation will be attained by causing the diffusion to take place into water, not directly, but through an intervening membrane, such as a bladder or sheet of parchment. And this is just what is done in dialysis, which is nothing more than the diffusive separation of crystalloid from colloid bodies through a septum of gelatinous matter, the septum allowing the passage of the one, not of the other. The apparatus needed to conduct this process is the simplest possible. It consists of (1) a basin or deep dish containing three or four inches of pure water; (2) a "dialyser," which is merely some kind of membranous septum secured by a bit of string around a light hoop of sheet gutta-percha, so as to form a vessel like a tambourine. Of all the substances yet used for dialytic septa, the most convenient has been found to be the "parchment-paper" made and sold by Messrs. De la Rue and Co. Care must be taken that it is not porous. The mixed fluid to be dialysed is first poured into the hoop upon the surface of the parchment-paper to the depth of half an inch or so. The dialyser is then floated on the basin or dish of water, into which the crystalloid constituents of the mixture gradually diffuse, the colloid constituents remaining behind. Mr. Graham found that half a litre of urine, dialysed for twenty-four hours, gave its crystalloidal constituents to the external water. The latter on evaporation yielded a white saline mass, from which urea was extracted by alcohol in so pure a condition as to appear in crystalline tufts upon the evaporation of the alcohol. Professor Redwood observes that ordinary septa can only be used in dialysing aqueous solutions; a septum suitable for dialysing alcoholic or ethereal solutions not having yet been discovered. Some form of collodion, he suggests, may possibly answer the purpose.

The process of dialysis admits of some very important practical applications, to which we will briefly allude. (1.) It permits of the isolation of various chemical substances in a state of purity in which we were not previously aware of their being able to exist. For instance, chemists had hitherto never succeeded in obtaining a perfectly pure solution of silica. The solution of it, obtained by treating silicate of soda with hydrochloric acid, was not pure; it always contained a certain quantity of hydrochloric acid and chloride of sodium, which resisted all further attempts at separation. But by subjecting the said silica solution to the process of dialysis, the acid and salt, being crystalloids, diffuse out, while the silica, being a colloid, remains behind dissolved in water and perfectly pure. In like manner, dialysis enables us to obtain solutions of peroxide of iron, alumina, and several other bodies, perfectly free from the salts or other chemical agents hitherto indispensable to their solution. (2.)

In medico-legal inquiries, it affords a most valuable means of separating arsenious acid and the various poisonous metallic salts from their organic solutions. For instance, let a portion of tissue suspected to contain arsenic be chopped into small pieces, soaked in pure water, and then thrown on the dialyser. At the end of twenty-four hours the arsenic, even if its quantity be infinitesimally small, will have diffused into the external water in a state fit for the immediate application of chemical tests. The poison is thus eliminated free from all organic impurity, and without employing any other agent than distilled water—advantages which any one conversant with the usual processes for separating minute quantities of arsenic will not fail to appreciate. Vegetable poisons, such as strychnine, morphine, and the other poisonous alkaloids, may be separated from their organic solutions in precisely the same manner. (3.) Professor Redwood suggests its application to another purpose, viz., “the separation of the more active crystallizable constituents of vegetable substances from inert colloidal matter, and the production in this way of a new class of medicines, containing the more active principles of plants, partially purified, and in the state of combination in which they exist in nature.” Such preparations would occupy an intermediate place between tinctures, decoctions, and extracts, on the one hand, and the pure, active principles which they often contain (such as alkaloids), on the other. The advantages of vegetable remedies in this form would be greater uniformity of strength, certainty of action, and convenience of administration. They would also keep better, and being void of all inert matter they would be *purely* medicinal, which in their present crude state they are not. The difficulties in the way of their preparation would be great, but probably not insurmountable. (4.) It affords a partial explanation of certain points in the physiology of animals and plants hitherto involved in much obscurity. (We say “partial” explanation, because, in all the processes about to be mentioned, a *vital* as well as a *physical* force is at work. At any rate, their full phenomena take place only where life is present; they cannot be imitated outside living organisms.) Professor Redwood instances the processes of absorption and secretion accompanying the act of digestion. The mucous membrane of the stomach and intestines may be compared to a dialytic septum between the blood on the one side, and the blood-making constituents of food on the other. Dilute liquids taken into the stomach diffuse through, or (as we generally say) are absorbed by, its mucous membrane. The plastic constituents of food, on the other hand, being colloids, “are retained in the stomach, while the act of digestion proceeds under the influence of crystalloids that are dialysed into that organ, and then pass on to undergo new changes connected with absorption, assimilation and excretion.” He further observes that “the action of medicines must be considerably influenced by the state in which they exist as crystalloids or colloids. Thus, iron in the state of chloride, sulphate, or other crys-

talloidal salt, would be diffused through the walls of the stomach; but not so if in the state of a colloid, such as basic chloride or basic nitrate, in which state it would pass into the intestines, exerting its action probably through the entire length of the alimentary canal." When we know more of the comparative diffusive power of different medicinal preparations than we do at present, we shall probably prescribe them with greater success.

Lastly. Professor Daubeny, of Oxford, has shown, very clearly and fully, how and to what extent the principle of dialysis explains certain phenomena of vegetation—such as the transmission of sap through a plant, the separation of its various secretions from each other, and their maintenance in a state of isolation in appropriate receptacles. (1.) The sap is propelled upward through the plant partly by capillarity, partly by atmospheric pressure, owing to the evaporation from the leaves and the partial vacuum thereby occasioned. But it makes its way *into* the plant, in the first instance, by endosmosis through the spongioles of the roots. (2.) The particular compounds secreted from the sap in different parts of the plant are maintained in their state of isolation and purity by the same principle of dialysis. The peculiar juices of plants (starch, gum, oils, &c.) are generally colloids, and therefore have no tendency to pass through the walls of the cells in which they have been elaborated. The different acid and alkaline products, on the other hand, being crystalloids, permeate membrane freely, "but are only temporary constituents or steps in the series of changes which are intended to convert carbonic acid into sugar and starch, and they are consequently got rid of either by exosmosis or else by some other chemical process by which they are converted into glucose or fruit sugar." The principle of dialysis has likewise important bearings on the nature of the ultimate molecules of matter, and on certain geological phenomena. These, however, possess more interest to the geologist and physicist than the physician.—*Medical Times and Gazette.*

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#### CLINICAL INSTRUCTION IN THE HOSPITALS OF VIENNA.

By E. L. HOLMES, M.D., OF CHICAGO, ILL.

ONE of the most popular clinical lecturers in Vienna is Prof. Oppolzer. One can scarcely conceive a more practical plan of imparting medical knowledge than that adopted by this distinguished lecturer. Gifted with great fluency of speech and possessing a wonderful degree of erudition in everything pertaining to the past and present history of medical literature, united with an immense experience in the observation and treatment of disease and in public instruction, he is able to make his lectures interesting and of the greatest good to his listeners. Not only students, but old practitioners testify by their continued presence to the great merit of these lectures.

Every patient, as soon as he enters the wards of the lecturer, is assigned to the care of a student, whose duty it is to make a careful examination of the symptoms and keep a record of the case as long as it remains in the hospital; at the clinic the professor questions the student in presence of the class in everything pertaining to the case, calling the attention of all to every important point and comparing it with other similar cases in the ward. At the same time, the secretions are carefully examined by means of the microscope and test tube.

The clinics are usually about an hour and a half long, and are given six days in the week.

The clinics of Prof. Scoda are also worthy of notice. Although he is much less fluent and generally considered less interesting in his manner than Prof. Oppolzer, his lectures are none the less instructive. They are principally upon diseases of the chest. There are a sufficient number of patients and ample opportunity for every student to examine each patient for himself. Private courses of instruction in auscultation and percussion are given by Professor Scoda's assistant.

These clinics are followed by those of Professors Schuh and Dumreicher in the surgical wards. The general plan of instruction is the same as above described. Everything relating to operations, to the diagnosis and treatment of injuries and surgical diseases, is carefully taught, with cases enough to illustrate every important point. I should infer, after considerable observation, that injuries requiring surgical treatment, especially fractures, were rare in Vienna as compared with our own large cities.

The clinical lectures in obstetrics are particularly important to the American student, who has little opportunity of receiving clinical instruction in this branch of his profession in America.

There are upon the average, I think, eight births a day in the hospital. The patients are delivered in a room assigned for the purpose, and then carried to the wards, where they remain nine days, or until they are able to leave. The class is carefully instructed in the mode of making examinations per vaginam, and of learning the position of the foetal head and body during labor. The whole process of parturition is thus learned by repeated observation. There are also private courses on the use of instruments and "turning," the cadaver, from which the viscera have been removed, serving the purpose of a manakin. A dead foetus is placed in different positions in the pelvis, which the students are to examine in turn and give their diagnosis. After this the operation of turning or the application of forceps is made, and the foetus delivered. When the student has taken this course on the application of instruments, he is permitted to use them, when necessary, on the living subject in the lying-in wards. One thus has an opportunity of watching several hundred cases of labor, of having a small number under his own care, and of learning practically the use of instruments; he is

also taught the duties of the lying-in room in reference to the mother and infant during the nine days subsequent to delivery.

The clinics of Prof. Hebra on diseases of the skin are one of the most popular courses in the hospital. In his wards are nearly two hundred and fifty patients, and with this large number of cases he is able to illustrate all the important points in the commencement and progress of every form of skin disease. The wards are open to the students, but Prof. Hebra usually delivers his lectures in a small amphitheatre, the patients being brought before the class. After he has called the attention of the class to the points worthy of notice in each case, the patient passes from one student to another, thus enabling each to examine him more closely. The male patients are wholly naked at the clinics; the females being dressed in loose garments, to permit a ready examination of any part of the body. These clinics are given five days in the week.

The lectures of Prof. Sigmund on syphilis are very popular. There are two or three hundred cases in his wards. A careful examination of these, in connection with the lectures of the Professor, will make the student more familiar with this disease than he can be after years of reading and observation in private practice.

Students interested in diseases of the eye will find the clinics of Professors Arlt and Jäger interesting and instructive. In these wards are about two hundred patients. The student has ample opportunity of acquiring a knowledge of the use of the ophthalmoscope, of witnessing a large number of operations, and of acquiring skill in the diagnosis of ophthalmic disease.

In addition to the ordinary clinics as above described, there are private courses of instruction in the clinical study of every class of disease, including treatment, operative and medical. These courses are scarcely less beneficial to the student than the others, as they give him an opportunity of reviewing what he has already learned from the different professors.

I cannot close this short notice of the clinics of Vienna without alluding to the facilities given to the student for the study of pathology. There are, upon the average, five *post-mortem* examinations a day, at which students can be present, notice always being given, when a patient dies, of the hour at which the autopsy will be made. Generally, however, the students prefer to be present at the lectures of Prof. Rokitansky, at which all the morbid specimens of diseased organs collected each day are exhibited. The private course of Rokitansky's assistant is very useful, since he not only demonstrates all the fresh specimens, but visits the great Pathological Museum, for which Rokitansky has so long labored, and explains all the preparations, illustrating the effects of the disease of each organ.

The Pathological Museum may justly be regarded with pride by the Medical School of Vienna. The building is a large fire-proof structure of stone and brick, erected at a cost, as I was informed, of \$40,000. The Museum is a large hall, tastefully fitted and orna-

mented. The other portions of the building are used for the reception of the dead, previous to burial, for dissections, for the ordinary *post-mortem* examinations of the hospital, and for the examination of cases of sudden or violent death in the city. Each Professor has a private room for the examination of his own cases. Whatever may be said of the advantages offered by other cities for the study of surgery or medicine, I think no city can claim for its hospitals better facilities for the study of pathology than can be found in Vienna.—*Chicago Medical Journal*.

### Bibliographical Notices.

*A Practical Treatise on Dental Medicine, being a Compendium of Medical Science, as connected with the study of Dental Surgery.* By THOMAS E. BOND, A.M., M.D., Professor of Special Pathology and Therapeutics in the Baltimore College of Dental Surgery. Third Edition, revised, corrected and enlarged. 12mo. Pp. 411. Philadelphia: Lindsay & Blakiston. 1863.

THE object of the author of this work was to prepare a compendium of such diseases as are in any way likely to be associated with those conditions of the teeth calling for the skill of the dentist. The work begins with a brief account of the causes, symptoms and treatment of disease in general. This is followed by a chapter on inflammation, and the remainder of the book is taken up with notices of ulcers, tumors, neuralgia, and various other morbid and traumatic affections of the mouth and the surrounding parts, giving the most important points in their diagnosis, and some rules for treatment. The obvious deduction from reading this book is, that no one is fully prepared for the practice of dentistry who is not well versed in the principles and practice of medicine. As a whole, the author may be said to have succeeded as well as the limited nature of his plan would allow. We notice some slight blemishes and inaccuracies in the derivations of words as given in the notes. In treating of anæsthetics the author says:—"Ether is used by some surgeons, and especially by some dentists, because it is supposed to be less dangerous than chloroform. But there is no reason to believe that when anæsthesia is accomplished by ether the danger to the patient is less than when the same condition results from chloroform. Three years ago nineteen deaths from ether were reported in Europe." Of the accuracy of which last two statements we beg leave to express a respectful doubt.

### THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JANUARY 29, 1863.

DEATHS FROM CHLOROFORM.—The following notice, characteristically French, is from the *Gazette Médicale de Lyon*, a journal long an advocate for the use of sulphuric ether.

"We are not wearied with reporting, any more than surgeons are with reproducing, the deadly action of an agent which was once called beneficent. A sense of duty and the hope of opening eyes so obstinately shut, stimulate us in an endeavor at which we work almost single-handed. If anything could cool our ardor, it certainly would be the spectacle of the strange and growing apathy evinced by the authors and reporters of these surgical mishaps. We present our readers with a new and improved formula for these narratives, which, latterly and on too many occasions, have been multiplied in English surgery. 'A young girl, seventeen years old, was received at the hospital on the 23d of July last, and died on the 5th of August. She had received an injury by falling on an iron bar, and a short but painful operation was judged necessary. She consented to be put under the influence of chloroform, and as she was very nervous, great precautions were taken in its administration; but, in consequence of a feeble and fatty heart, which was not guarded against, she died a short time after the commencement of the inhalation of the anæsthetic.—(*British Med. Journal*, Aug. 16, 1862.)' Here, then, is a young girl of seventeen, who, instead of being put to sleep, dies in a few minutes. Is any one disturbed by the event; is even any astonishment felt? Not the least! Her heart was 'feeble and fatty,' and they 'hadn't guarded against that.' This clears them all. Surgery is justified, and the operator passes on to the next."

In the *Medical Times and Gazette* of Nov. 1st, 1862, the full details are given of an inquest held upon the body of a man dead from chloroform. His thigh was to have been amputated, but whilst the operator was selecting his knife from a neighboring table his patient expired. The gentleman in whose hands this case occurred is spoken of as "one of the best surgeons in Gloucestershire," and it is clear that he used every precaution and care. After stating to the coroner that Dr. Snow's inhaler was used, in order to "reduce the inevitable risk of chloroform to a minimum," he says, "had it been possible to examine all the organs separately, before death, as I did after, I should have concluded that, of all patients I had ever seen, he was the very one who might fairly have been supposed to have taken chloroform with the greatest impunity." "That such a person should so have died, demonstrates that there are individuals in whom unconsciousness from chloroform is necessarily incompatible with life. At the same time a medical man is unable to select such from the general mass."

In the same Journal, three weeks later, Dr. Charles Kidd, best known for his persistent efforts to prove chloroform an absolutely innocuous agent, informs us that there have been "two deaths at one London hospital, within a few days, very recently, which were not noticed by the journals." We might add to these a fatal case occurring at Washington, within the last two months, in a Government hospital, of which no public mention has been made.

Is it strange, however, that incidents like these should be of frequent occurrence, when, in face of all the dangers admitted by the users of chloroform, the latest and most pretentious work on Surgery published in England, devotes an article to the subject of anæsthetics, only alluding to sulphuric ether in a single line, which barely mentions its connection with their early history, and instead of sounding the alarm which is everywhere felt, fills up its pages with a consideration of certain laryngoscopic demonstrations of the phenomena of



stertorous breathing, and hardly deigns to deal with so common-place or practical a matter as the method or means of inducing anæsthesia?

If the facts which already exist are faithfully collated by the Committee of the Royal Medico-Chirurgical Society, recently appointed to investigate deaths from chloroform, the hopes of our French contemporary can hardly fail to be encouraged, and the prejudices with which we in Boston have been charged, proved to be founded on no local or narrow-minded grounds.

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**NARROW ESCAPE FROM DEATH BY CHLOROFORM.**—Since the above was written, our attention has been called to the following case, reported in the London *Lancet* for Nov. 15th. The patient was about being operated on for the removal of a bulbous nerve from a painful stump.

"Chloroform was administered on the 14th, and when complete insensibility had been produced, Mr. Cock commenced his incisions on the stump. At this moment the patient was observed to become suddenly pale, and the breathing instantly ceased; the pulse was found also to have stopped. Immediately the most active efforts were made to restore animation. Cold water was dashed upon the face and chest without avail. Mr. Cooper Forster used artificial respiration by compressing the chest laterally; the lower jaw was forced downwards, and the mouth kept widely open; whilst the tongue was seized by Mr. Bryant, and held out of the mouth by means of a flat forceps. In the course of two or three minutes the artificial respiration succeeded in producing a sigh, and as the pulse commenced to beat, it was sufficient encouragement to continue it. In three or four minutes more it was quite successful, and the breathing and circulation were established, the color returning to the cheeks. There can be no doubt that if the most energetic means had not been at once resorted to, the result would have been fatal. The great functions of respiration and circulation appeared to cease simultaneously. It is more than probable that the pulse was the first to give way, and that syncope preceded the asphyxia.

"This makes the sixth or seventh case we have now seen of nearly fatal issue within a definite period of time, and the result of continued experience seems to prove that the best chance is held out for the safety of the patient by opening the mouth wide, pulling the tongue forward to free the glottis, and then actively employing artificial respiration, as was practised here. If matters still remain doubtful, the forefinger should be introduced far back into the throat, to ensure that the glottis is not closed by its valve."

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In *The American Journal of the Medical Sciences* for the present month Dr. Bowditch gives, in a valuable paper on Paracentesis Thoracis, the results of his observation of one hundred and sixty instances in which this operation was performed, on eighty persons, in all but ten of which it was done by himself. Most of our readers are probably aware that the great success of this operation in Dr. Bowditch's hands is ascribed by him, and no doubt rightfully, to the use of a very small exploring trocar and canula, and suction pump, by which a trifling wound only is inflicted, which heals at once. The whole question of the seriousness or innocuousness of paracentesis thoracis may be considered as demonstrated to depend entirely on the size of the

instrument employed. To Dr. Morrill Wyman, of Cambridge, Mass., the credit of suggesting this method is due. The following extracts from this valuable paper are particularly interesting. Dr. Bowditch, having been asked his opinion as to the comparative results of tapping the right or left side of the chest, Trousseau maintaining that pleurisy of the right side is often or always tuberculous, gives his own impression as against the truth of the assertion.

"On referring," he says, "to the brief summaries, and not to the original notes of my cases, where I find the sides named in 25 cases, I find that in these the operation was performed with the following results:—

	PLEURISY OF	
	Right side. 4 times.	Left side. 5 times.
Death - - - - -		
Cure entire, without symptoms of phthisis, except in one, but pleurisy was cured in that - - - - -	9 "	4 "
Doubtful result - - - - -	1 "	2 "
	14	11

"These data do not exactly answer the question proposed; but if tubercles always or more frequently exist in pleurisy of the right side, we should, *à priori*, anticipate more unfortunate terminations of the operation of paracentesis of the right than of the left side. My experience proves exactly the reverse, and may be expressed, if deduced from the above table, as follows:—

"Of 25 cases, 14 were of the right side, 11 of the left. Of the 14 of the right side, only one person is mentioned as having tubercles, and in that the pleurisy was cured and the pulmonary symptoms mitigated.

"Of the persons tapped in right side, 28·57 per cent. died; 61·28 per cent. were cured, and 7·14 per cent. remained doubtful. Whereas, of the 11 cases of the left side, 45·45 per cent. died, 36·36 got well, 18·18 were doubtful.

"In other words, twice as many have got well from tapping the right as the left; and only half as many have had doubtful results from operations on the right, as in those where the left side has been tapped.

"Hereafter, if my cases are any criterion wherefrom to judge, I shall regard an operation on the right side as much more favorable than one on the left; which I can hardly think would be the case were all right side pleurisies tuberculous."

As to the questions—when shall the operation be done? and where shall the puncture be made? Dr. Bowditch says:—

"Experience teaches me to operate in every case, however recent or chronic may be the attack, provided there is permanent or occasional dyspnoea of a severe character, evidently due to the fluid. I have, of course, more hope of doing good where the disease has not been of too long duration; is uncomplicated with phthisis, or any other disease, and where, moreover, the amount of fluid seems directly the cause of the trouble. I also deem it best to operate in *any*, even latent cases, where the pleural cavity gets full of fluid; and if, after a reasonable amount of treatment, the fluid does not diminish.

"The point originally chosen by Dr. Wyman and myself, viz., in a line let fall from the lower angle of the scapula, and between the 9th and 10th ribs, I deem the most appropriate point at which to make a

puncture. I have, however, tapped under the axilla, or in the breast, where the case seemed to require it. In selecting the precise intercostal space, on the back, I usually choose one about an inch and a half higher than the line, on a level with the lowest point at which respiratory murmur can be heard in the healthy lung of the other pleural cavity.

"I never wait until *pointing* commences; for then I am sure that pus will be found. If *pointing* without opening has commenced, I do not necessarily tap in that place, as recommended by the older surgeons, but seek the most depending point in the chest. While thus desiring to operate before a *local* distension shows itself, I dislike or refuse to tap where there is contraction of the intercostal muscles; and I am certain of getting fluid only where there is distension or flattening of the same."

And in fine, "The operation, like everything else in all the departments of human life, is imperfect. It cannot cure all. But it has relieved many, and will continue to do so, if surgeons will use it; it has been the prominent cause of relief in many more, and will be so hereafter, if men will theorize less and act more. It has been the sole means of saving life, I am sure, in a few of my cases; and I know some patients have died within the last few years, in New England, as I believe, for want of it, under the care of others.

"It is certainly innocuous, and gives so little pain, compared with the relief it affords, that patients have begged for it to be repeated again and again, as a mere matter of relief. In my opinion it ought never again to be allowed to fall into disuse by the profession. I regard any man who allows a patient to die of dyspnoea from pleuritic effusion, however great may be the complications with other diseases of head, chest or abdomen, as in the dilemma of him who is either wilfully neglectful of some of the means of relief or cure, now by experience proved to be always at hand, or ignorant of the simple and beautiful operation suggested by Dr. Wyman. To a certain extent I deem my connection with the operation somewhat providential. I had seen, in the earlier years of my practice, men die with sudden dyspnoea, or, after months of obscure disease, die with one pleural cavity filled with serum, and not a particle of other disease; and, finally, I have seen tubercular phthisis follow, after months of debility, from what was simple pleurisy at first.

"Having no surgical tastes myself, shrinking from the simplest operations, and doing nothing of the kind save when compelled to do so, I at times urged surgeons to operate. They declined, and men died. Finally, in cases where I had control, I took the responsibility, and asked the surgeons to do the manual they were more accustomed to than I was. Their plan was incision and dissection down to the pleura, and a suppurating wound as a consequence—a long, painful operation. At last Dr. Wyman's instrument and method came to my notice. I seized upon them as those I had long sought for. As Dr. Wyman and I were the only believers in the operation, it devolved often upon me. The result is the experience which I have given above. And now, as I have often said, I would as readily puncture the chest as I would draw a tooth, or vaccinate a child."

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TREATMENT OF DIPHTHERIA. *Mr. Editor*,—I copy the following from the *St. Louis Medical Journal*, January, 1861, deeming it worthy  
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republishing. It was reported by Dr. Newman, President of the St. Louis Medical Society.

AMOS SAWYER, M.D.

*Hillsboro', Ill., Jan. 21st, 1863.*

\* \* \* \* "Having heard that diphtheria was prevailing with great malignity in Lexington, Ky., I wrote to one of the physicians of that city, inquiring if there were any peculiar characteristics of the disease in that locality, and how far it was amenable to treatment, and what plan of treatment appeared best adapted, &c. Omitting to furnish any information upon general principles, he writes as follows as to his treatment.

"Dr. S. T. NEWMAN.

LEXINGTON, KY., Sept. 29th, 1860.

"DEAR SIR,—I received your letter a few days since, requesting my mode of treating diphtheria. In reply I would say, I give the muriate of ammonia in full doses, say, to a child 8 years old and upwards, ten grains every two hours (in solution), and ten drops of the sesquichloride of iron, in the intermediate hours; and these are not to be omitted for thirty-six hours; then rest four or five hours, and give them again in like manner. Continue this treatment for four or five days, according to circumstances, but at first cleanse the stomach with a gentle purgative; afterwards, should the bowels not act, once in twenty-four hours, give castor oil and ol. terebinth. one ounce of the former to one drachm of the latter. If the diphtheritic crust forms, or has formed to a great extent, in the throat, remove it with a fine sponge tied on a stick; the sponge should be wet with a solution of the pure nitrate of silver, 40 grains to one ounce of water, or sulph. cupri, one scruple to one ounce. This should be used only once a day. The cure should be completed by the use of tonics; I have found bebeerine the best. Diet nourishing. I have treated *three hundred and thirty-four cases* after this method, without the loss of one, and am now fully satisfied it is the proper mode of treating the disease.

Respectfully yours,

J. W. BRIGHT.

"Since the receipt of the above, I have been shown a letter from a very intelligent merchant of that city, stating that the treatment of Dr. Bright had been eminently successful. S. T. NEWMAN, M.D."

A WRITER in the *Washington Daily Morning Chronicle* urges the reorganization at the present time of the Medical Department of the Army. After setting forth the immense labors of this department, the great responsibilities resting upon the surgical staff, and the importance of holding out inducements to men of the highest professional attainments to enter the public service, the writer makes some excellent suggestions for alterations in the present system, as follows:

"It has been estimated above that there are two thousand surgeons in the service, and at least one hundred thousand patients receiving their care. To the number of surgeons must be added that of nurses, ambulance corps, teamsters, cooks, &c., to arrive at the entire numerical force at the disposition and under the government of the department. This force has been estimated as high as twenty thousand; but for the present purpose, and to avoid exaggeration, let it be called sixteen thousand—a force equal numerically to a large division of the army, or to four brigades! The command of such a division embraces one major general, four brigadier generals, sixteen colonels, and sixteen lieutenant colonels. Is there not here found analogy by which to be guided in the reorganization of the medical corps?

"Giving to the Medical Department one major general, four brigadier generals, sixteen colonels, and sixteen lieutenant colonels, their disposition and authority might be determined according to the following plan;—

"1. The office of major-general to be conferred on the surgeon-general, who, as the head of the department, would exercise all the powers that officer now possesses.

"2. Of the four brigadier generals, one, the senior, should act as assistant surgeon-general, and the others be placed at the head of large armies, or have immediate superintendence over Washington or other city or locality, embracing many hospitals.

"3. Corps d'armée, small armies, and hospitals of lesser extent than designated above, to be controlled by colonels.

"4. The duties of lieutenant colonels might be found in divisions of corps d'armée and in the government of hospitals in extent corresponding to their rank.

"5. The abolishment of the offices of medical inspector-general and medical inspector, as the superior officers it is here proposed to create would exercise the functions of inspectors.

"6. The office of brigade surgeon, or, as it is now termed, surgeon of volunteers, which has the rank of major, to be continued. The number of this class of officers to be determined by the wants of the service. They could be assigned to brigades and hospitals, as at present. There might be two classes under this rank, as in the French service.

"7. Surgeons holding the rank of captains, first and second lieutenants, to be also appointed, and to have duties to perform suited to their qualification and experience.

"8. The office of medical cadet to be continued in such manner as will ensure the services of young men of good character and attainments, and who are desirous of qualifying themselves for the place of surgeon.

"The reorganization of this important department of the military forces of the United States, according to some plan similar to that here suggested, would be attended with results the most beneficial to the country. Individual merit would be encouraged, and the means of honoring it by promotion secured by it, and the grades of position and authority being symbolized by rank, would insure that 'order, vigilance and discipline' so necessary to the effectiveness of military operations."

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**MEDICAL GRADUATES AT YALE COLLEGE.**—The following gentlemen received the degree of M.D. at the late commencement of the Medical Department of Yale College, at New Haven:—Judson Boardman Andrews, Mechanicsville, N. Y.; Albert Gordon Browning, Woodstock; Henry Sylvester Cornwell, New London; Marcus Brutus Fisk, Stafford; Newton Bushnell Hall, Branford; Cyrus Edward Humiston, Cheshire; Charles G. G. Merrill, Newburyport, Mass.; William Chester Minor, New Haven; William Burritt North, New Britain; Charles Joseph Tennant, Franklin, N. Y.; Frank Benjamin Tuttle, Naugatuck.

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**ARMY MEDICAL INTELLIGENCE.**—Dr. Edward B. Dalton, Surgeon of the 36th N. Y. Vols., has been appointed Medical Inspector of the 6th Army Corps.

Dr. A. W. Whitney, of Framingham, Surgeon of the 13th Mass. Regt., has been appointed Chief Medical Director of the 2d Div., 1st Army Corps, of the Army of the Potomac.

Dr. N. Mayer, of Hartford, Ct., has been appointed Surgeon of the 16th Conn., *vice* Dr. Warner resigned.

Dr. Henry Bostwick, of Bridgeport, Ct., and Surgeon in the United States service, died in New Orleans on the 31st ultimo.

Dr. John V. P. Quackenbush, of Albany, has been appointed Surgeon General of the State of New York, Dr. Vanderpoel, late Surgeon-General, having resigned the office.

The number of sick and wounded in the hospitals in Washington, Georgetown and Alexandria, on January 16th, is stated to have been 9,959—a less number than for over a year past. There are 4,581 vacant beds in the hospitals. All the churches in Washington which have been used as military hospitals, except Trinity Church, have been restored to their respective congregations.

**MEDICAL MISCELLANY.**—Dr. Anderson has been chosen President of the New York Academy of Medicine, and Dr. D. S. Conant President of the New York Pathological Society.—The 97th Annual Meeting of the New Jersey State Medical Society was held at Jersey City on the 27th inst.—The 56th Annual Meeting of the New York State Medical Society will be held at Albany on the 3d of February—to be continued on the three succeeding days.—The births in New London, Ct., were 193 during the year 1862; deaths, 180, including five killed in battle. In Brooklyn, Ct., number of births during the year, 52; deaths, 46. In Preston, Ct., births, 50; marriages, 9; deaths, 46. In Abingdon, Ct., of 16 deaths in 1862, six were men between 70 and 93 years of age.—The late Dr. Harsen, of N. Y., whose lamented death was recently announced, left \$10,000 as a legacy to the New York Eye Infirmary, of which institution he was one of the vice presidents.

**DIPHTHERIA.**—In our next issue will appear the first part of a valuable paper on Diphtheria, by Prof. Chapman, of Brooklyn, N. Y., to be continued in several succeeding numbers.

The New York *Medical Times* publishes wood-cuts of no less than fifteen instruments found at the establishment of a notorious abortionist of that city. For whose special benefit this exhibition is made is not stated.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JANUARY 24th, 1863.

##### DEATHS.

	Males.	Females.
Deaths during the week	45	45
Ave. mortality of corresponding weeks for ten years, 1853—1863,	40.4	39.0
Average corrected to increased population	00	00
Death of persons above 90	0	0

##### Mortality from Prevailing Diseases.

Phthisis.	Croup.	Scar. Fev.	Pneumon.	Varicella.	Dysentery.	Typ. Fever.	Diphtheria.
17	4	6	3	1	0	1	1

DEATHS IN BOSTON for the week ending Saturday noon, Jan. 24th, 90. Males, 45—Females, 45.—Abscess, 1—accident, 1—apoplexy, 2—asthma, 1—disease of the bowels, 1—inflammation of the bowels, 2—congestion of the brain, 1—disease of the brain, 2—inflammation of the brain, 2—bronchitis, 1—cancer, 1—colic (bilious), 1—consumption, 17—convulsion, 1—croup, 4—diarrhœa, 1—dropsy, 3—dropsy of the brain, 4—erysipelas, 2—fever, 1—fever, 6—typhoid fever, 1—hemorrhage, 2—disease of the heart, 4—infantile disease, 1—laryngitis, 2—congestion of the lungs, 1—inflammation of the lungs, 3—marasmus, 1—age, 1—paralysis, 2—puerperal disease, 1—smallpox, 1—disease of the spine, 1—inflammation of the mucous membrane of the stomach, 1—teething, 1—unknown, 4.

Under 5 years of age, 33—between 5 and 20 years, 8—between 20 and 40 years, 12—between 40 and 60 years, 21—above 60 years, 14. Born in the United States, 66—Ireland, 5.

# MEDICAL JOURNAL ADVERTISING SHEET.

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P. S.—Dr. Garratt, No. 9 Hamilton Place, Boston (near Park street Church), continues to give special attention to the medical uses of Electricity, i. e. primary galvanism, in Nervous Affections—for restoring the vital forces; for restoring tone in certain cases of atony, weakness and pain, as also in many of the more grave nervous affections—traumatic, wasting, and reflex-paralytic; cold-rheumatism, sprains, sciatica, lumbago, irritable spine, neuritis, headache, nerve-debility, sensitive eyes, inflammation of the bowels, chorea, amenorrhoea, torpor of paps, and the like.

Feb. 27

**DR. GEORGE B. WINDSHIP,**

PARK STREET,

Near Tremont st., Boston.

Oct. 23-17

**LEOPOLD BABO**, German Apothecary, No. 32

157 Boston street, Boston.

Sept. 18-17

**BERKSHIRE MEDICAL COLLEGE.**—The Winter Reading Term of this Institution will commence on the first Wednesday of January, 1863, and continue 15 weeks.

Thorough instruction will be given in the theoretical and practical branches of Medicine and Surgery.

Medical and Surgical Cliniques will be held every Wednesday and Saturday.

Anatomical material abundant and free of charge. Fee for the course, \$25.

WM. WARREN GREENE, Dean.

Pittsfield, Ma., Dec. 1, 1862. D25 2m

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Descriptive pamphlets sent free. The patent is owned and Leg manufactured exclusively by the inventor, D. DE FOREST DOUGLASS,

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Sept. 26-17

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Ed. J. Davenport, M.D., 20 Bedford st.,

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Chas. F. Jones, Esq., 55 State st.,

AS M. STICKNEY, M.D.

Pepperell, Oct. 18, 1860. Jan 5, 1861

# MEDICAL JOURNAL ADVERTISING SHEET.

**THEODORE METCALF & CO.,** APOTHECARIES, 29 TREMONT STREET, have this day admitted Mr THOMAS DOLIBER as a partner.

They will continue to give their personal attention to compounding Physicians' Prescriptions and Family Medicines, and to the sale of *Pure Drugs and Chemicals*.

They are supplied from foreign and domestic sources with all the *NEW REMEDIES* as they appear, which they offer to Physicians and Dealers, with a good assortment of *Surgical Instruments*, and all the *finer Drugs and Medicines*, at reasonable prices.

T. METCALF, WM. W. GOODWIN, T. DOLIBER.  
Jan 1, 1853. Jan. 22-1y.

**LONG ISLAND COLLEGE HOSPITAL, Brook-  
lyn, N. Y.** Session for 1853.—The Session for 1853 will begin on the 12th of March, and continue sixteen weeks.

*Board of Regents.*  
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GUSTAVUS BARTT, Esq., Sec'y.

*Council.*

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A. DUNCAN WILLSON, M.D., Prosecutor to Prof. of Surgery.

The fees for a full Course are \$100. Matriculation fee, \$5; the non-graduate's fee, \$3; Graduation fee, \$2; Hospital Ticket, gratuitous.

General board, with lodging, &c., may be obtained in the immediate vicinity of the Hospital, for from \$4 to \$5 per week. The necessary expenses for the Course, those for travelling excepted, need not exceed \$50.

Letters addressed to any Member of the Council will receive attention.

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Dis-3m

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J. C. SHATTUCK, M.D.

*REFERENCES.*

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Charles Tarbell, Esq., Hon. A. Hutchinson,  
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Winslow Lewis, M.D., 75 Boylston st., Boston,  
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**NAVAL MEDICAL BOARD.**—A Board of Medical Officers will convene at the Naval Asylum, Philadelphia, on Monday, the 2d of March, next, the examination of candidates for admission in the medical corps of the U. S. Navy.

Gentlemen desiring permission to appear before the Board must make application to the Honorary Secretary of the Navy; stating their residence, place and date of birth; accompanied with respectable testimonials of moral character.

Applicants must not be less than twenty-one, nor more than twenty-six years of age.

No expense is allowed by Government to candidates attending the sessions of the Board; as a successful examination is a legal pre-requisite for appointment in the Navy. J29-41.

**A NEW AND IMPORTANT IN-  
VENTION IN ARTIFICIAL  
LEGS.**—By frequent dissections, I  
Bly has succeeded in embodying the  
principle of the natural leg in an ar-  
tificial one, and by so doing has produced  
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is far superior to all other Artificial Legs  
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No less than four patented improvements  
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troduction. Every desirable change that an  
artificial leg is capable of producing has been  
introduced, until it is the most perfect of  
our most celebrated surgeons (Messrs.

Bislow, M.D.), "it is very near perfection." Several imitators have recently sprung up, who are endeavoring to deceive the public by pretended improvements, which, in their practical application are absolutely worthless. All "lateral motion" in an Artificial Foot simply renders the action unstable, the foot in a short time becoming rigid, and motion consequently liable at any time to break from its connection. The "Palmer Artificial Leg" has stood the test of years, and all the truly practical improvements, which inventive skill, aided by the personal use of an Artificial Leg, could suggest have been introduced.

The fact that nearly 4000 persons are now wearing the "Palmer Leg," testifies to its superiority over all others. The "Great Prize Medal" awarded to it in London over thirty five competitors from all parts of Europe.

The "Palmer Artificial Leg" is lighter than any other, yet capable of sustaining a continuous pressure of over 500 lbs. It is more natural in its movements. It more closely resembles the natural leg, it being impossible to distinguish it. It is more durable, wearing for years. It requires less repairs than can be afforded for a less price. Nine out of ten of the most celebrated Surgeons in all parts of the world recommend the "Palmer Leg" in preference to all others.

All pretended improvements over it are simply theoretical notions, intended to deceive. The extended reputation of this invention is a sure guarantee to the patient, that in procuring the "Palmer Leg" they will secure the best, and run no risk.

The patient is enabled to walk immediately upon its application. It is applicable to the scrofulous and tenderest stumps with perfect success.

The Surgeons of the Massachusetts General Hospital recommend this invention over all others.

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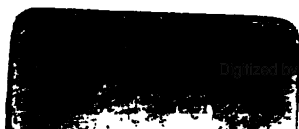
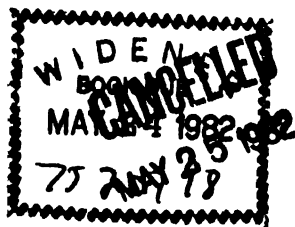




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